

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing at a Glance

Company: Lincoln Benefit Life Company
Product Name: SENIOR LINC
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form/Rate
Date Submitted: 10/21/2016
SERFF Tr Num: LFCR-130778152
SERFF Status: Closed-Approved
State Tr Num: LFCR-130778152
State Status: Approved
Co Tr Num: VA LB-6301 2015 RATE INCREASE LR

Implementation: On Approval
Date Requested:
Author(s): Scarlett Nazari, Anoush Chngidakyan, Darlene Smith
Reviewer(s): Bobby Toone (primary)
Disposition Date: 09/02/2020
Disposition Status: Approved
Implementation Date:

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/23/2016

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/02/2020

State Status Changed: 09/02/2020

Deemer Date: 08/19/2020

Created By: Darlene Smith

Submitted By: Darlene Smith

Corresponding Filing Tracking Number: LFCR-130778344

State TOI: LTC03I Individual Long Term Care

Filing Description:

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

October 21, 2016

Commissioner Jacqueline K. Cunningham
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:Lincoln Benefit Life Company

NAIC No: 65595

Policy Forms: LB-6301-P-VA, LB-6302-P-VA, LB-6303-P-VA (Q)&(NQ) Guaranteed Renewable Long Term Care Policy

Dear Commissioner Jacqueline K. Cunningham:

This rate filing is submitted on behalf of Lincoln Benefit Life Company for your review.

The above forms are existing individual policy forms providing benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home Health Care. These forms were approved in 1998 and issued between 1998 and 2004. It is no longer being marketed in any state.

The company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies issued before October 1, 2003. The details of the rate increases are in the actuarial memorandum.

The company will provide several options to the policyholders to reduce the impact of the rate increase:

- Reduce the daily benefits, subject to a minimum of \$20
- Change benefit options to lower the premium
- Offer a paid up option which provides a benefit pool equal to the premiums paid

The following items are included in this submission:

- This cover letter
- A letter from Lincoln Benefit Life Company authorizing us to submit this filing on their behalf
- An actuarial memorandum and rate schedules
- Policyholder Notice of Rate Increase Letter & Coverage Change Request Form
- Plus any other state required forms

The contact person for this filing is:

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

Thank you for your assistance in reviewing this filing.

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary

Company and Contact

Filing Contact Information

Scarlett Nazari, Manager Product Filing scarlett.nazari@lifecareassurance.com
P.O. Box 4243 818-867-2453 [Phone]
Woodland Hills, CA 91365-4243 818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

Lincoln Benefit Life Company	CoCode: 65595	State of Domicile: Nebraska
Long Term Care Administrative	Group Code: 4815	Company Type:
Office	Group Name:	State ID Number:
P.O. Box 4243	FEIN Number: 47-0221457	
Woodland Hills, CA 91365-4243		
(818) 867-2450 ext. [Phone]		

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bobby Toone	09/02/2020	09/02/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	07/06/2020	07/06/2020
Info has been requested from company	Bobby Toone	01/21/2020	01/21/2020
Info has been requested from company	Bobby Toone	07/11/2019	07/11/2019
Info has been requested from company	Bobby Toone	04/02/2019	04/02/2019
Info has been requested from company	Bobby Toone	01/17/2019	01/17/2019
Info has been requested from company	Janet Houser	11/15/2017	11/15/2017
Disapproved	Toni Janoski	11/10/2016	11/15/2016

Response Letters

Responded By	Created On	Date Submitted
Scarlett Nazari	07/20/2020	07/20/2020
Darlene Smith	01/27/2020	01/28/2020
Scarlett Nazari	07/25/2019	07/25/2019
Darlene Smith	04/08/2019	04/08/2019
Darlene Smith	01/18/2019	01/18/2019
Darlene Smith	12/13/2017	12/13/2017
Darlene Smith	10/31/2017	10/31/2017

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L&H Actuarial Memorandum	Darlene Smith	10/21/2016	10/21/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Request	Note To Filer	Bobby Toone	09/02/2020	09/02/2020
Status Request	Note To Reviewer	Darlene Smith	08/31/2020	09/01/2020

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Request	Note To Reviewer	Darlene Smith	07/02/2020	07/02/2020
Status Request	Note To Reviewer	Darlene Smith	11/19/2018	11/19/2018
Response to Status Request of 6/27/2018	Note To Filer	Greg Smith	07/02/2018	07/02/2018
Status Request	Note To Reviewer	Scarlett Nazari	06/27/2018	06/27/2018
Actuarial Final Summary & Opinion Report	Reviewer Note	Bobby Toone	08/18/2020	
RRS	Reviewer Note	Bobby Toone	10/15/2018	

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Disposition

Disposition Date: 09/02/2020

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Lincoln Benefit Life Company	275.000%	35.000%	\$550,593	572	\$1,573,123	35.000%	35.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document	TPA Authorization Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notice	Received & Acknowledged	Yes
Supporting Document (revised)	Customer Notice SOV	Received & Acknowledged	Yes
Supporting Document	LB6301 Virginia (Rate Increase filing) Endorsement SOV	Received & Acknowledged	Yes
Supporting Document	Endorsements	Received & Acknowledged	Yes
Supporting Document	VA Approval 5 15 08	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA Response Attachment (LR)	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA Current Rates (LR)	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA LR Response Letter 10 16 17	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Policyholder Notice	Withdrawn	No
Supporting Document	Customer Notice SOV	Withdrawn	No

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	LB-6301 VA LR Response Letter 12 01 17	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA Response Attachment (LR) 12 01 17	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA LR Response Letter 01 17 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 Rate Increase History as of 04 02 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA LR Response Letter 04 02 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA LR Response Letter 07 11 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA LR Response Letter 01 21 20	Received & Acknowledged	Yes
Form (revised)	ENDORSEMENT	Withdrawn	Yes
Form (revised)	ENDORSEMENT	Withdrawn	Yes
Form	ENDORSEMENT	Withdrawn	No
Form	ENDORSEMENT	Withdrawn	No
Rate (revised)	LB-6301 VA Proposed Rates (LR)	Approved	Yes
Rate	LB-6301 VA Proposed Rates (LR)	Withdrawn	No
Rate	LB-6301 VA LR Proposed Rates	Withdrawn	No
Rate	LB-6301 VA LR Proposed Rates	Withdrawn	No

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/06/2020
Submitted Date	07/06/2020
Respond By Date	07/20/2020

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: The rate review of this filing is complete, however, the review of the associated policyholder letter included in LFCR-130778344 has not been completed. This filing cannot be approved until the associated forms are also approved.

There is no response required for this objection.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/21/2020
Submitted Date	01/21/2020
Respond By Date	02/20/2020

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/11/2019
Submitted Date	07/11/2019
Respond By Date	07/25/2019

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Bureau has a concern that the requested rate increase would put Virginia notably above the national cumulative average. Our perception is that to approve your requested increase could potentially put an undue premium burden on Virginia policyholders when compared with other states. With this consideration, we ask that you consider revising your request to 35%.

As a separate point, please be aware that we also have the ability to approve implementation of a rate increase over two or three years if requested.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/02/2019
Submitted Date	04/02/2019
Respond By Date	05/02/2019

Dear Scarlett Nazari,

Introduction:

Thank you for your previous response, however, one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an updated cumulative approved rate increases in each state.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: What would the nationwide cumulative rate increase be if all outstanding rate increase were approved?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/17/2019
Submitted Date	01/17/2019
Respond By Date	02/17/2019

Dear Scarlett Nazari,

Introduction:

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth be

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please verify if it is the companys intention that if the experience develops as projected that no further rate increases will be requested? If not, what loss ratio does the company intend to target for these forms in the future?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 11/15/2017
Submitted Date 11/15/2017
Respond By Date

Dear Scarlett Nazari,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Our 11/10/2016 objection letter contained an objection which should be withdrawn: "According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all pre stability contracts demonstrating these policy forms are compliant with loss ratio standards as set forth in 14VAC5-200-150 B which states benefits will be deemed reasonable provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms."

The Company provided the correct information originally by excluding data for all paid-up policies and we sincerely apologize for the inconvenience and confusion this may have caused the Company in complying with our previous request.

After review of the additional information provided, please respond to the following:

1.For purposes of the test required by 14VAC5-200-150.B.:

- All nationwide projections used in this test should use the premiums restated to the Virginia rate level.
- The lifetime loss ratio used in the original pricing should be recalculated at the same interest rate used in the testing.
- The projection after the increase should not include shock lapses or benefit reductions.
- Please also provide all supporting projections for the numbers used in this demonstration.

2.It seems logical that an assumption for shock lapse and benefit reduction related to a rate increase should have a factor recognizing the magnitude of the rate increase. Comparing this assumption in several filings made by the company, it does not appear that the assumptions being used contain any such adjustment. Please explain.

3.Please expand Attachment 3g to include the cumulative approved rate increases in each state including all prior increases, and the inforce premium amount in each state.

4.Please provide the actual-to-expected analysis for morbidity incidence and terminations based on the current best-estimate assumptions.

5.Please confirm that 4.5% is the average valuation interest rate for the inforce policies covered by this filing.

Objection 2

- LB-6301 VA LR Proposed Rates, [LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)] (Rate)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
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Comments: According to your response riders will not be affected by the rate increase. Although the rate factors may not be changing, the premium for that rider will increase as a result of the change in the base rate. As a result, each of those rider form numbers should be included in the Affected Form Number column in SERFF. Please update the Rate/Rule Schedule accordingly and indicate which rider form numbers apply to each rider on the rate attachment.

The rider form numbers should also be added to the Rate Request Summary.

Objection 3

- Policyholder Notice (Supporting Document)

Comments: Since forms may only be approved once, the letters and forms applicable to this filing will be reviewed under SERFF tracking number LFCR-130778344.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 11/10/2016
Submitted Date 11/15/2016
Respond By Date

Dear Scarlett Nazari,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

A preliminary review of the submission indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information:

1. We have the following concerns with the Rate/Rule Schedule:

a. Please list each affected form number separately and exactly as the form was approved. For example, LB-6301-P-VA(Q) and LB-6301-P-VA(NQ) should each be listed.

b. The Actuarial Memorandum indicates that riders will be affected by the rate increase. Please include those form numbers (exactly as approved) to the Affected Form Number Column. The Actuarial Memorandum and the Rate Request Summary should also be amended accordingly.

c. Please change the rate action to "revised". Please include the prior state tracking number of the previously approved rate filing and indicate the requested rate increase to be 50%.

d. The Overall Percentage Indicated Change should reflect what the increase would be needed in order to meet the original pricing loss ratio. Please update accordingly.

e. Since the prior rates have been previously been approved, please move the current rates from the rate attachment to Supporting Documentation. Only those rates subject to approval should be attached on the rate/rule schedule.

f. According to the Actuarial Memorandum and the Rate/Rule Summary, there was a prior rate increase of 37.47%. It appears this was a paper filing. Please attach a copy of the rate approval provided at that time to Supporting Documentation.

g. The Actuarial Memorandum indicates this rate increase is applicable only to lifetime pay policies only. The rate schedule attachment, however, should include the premium rates for all policies, including limited pay contracts, which are applicable to these policy forms.

2. We acknowledge receipt of forms LB-E-BR-VA and LB-E-NF-VA; however, the forms are duplicates of ones previously submitted under SERFF Tracking Number LFCR-130038440. 14 VAC 5-100-40 1 provides that each form submitted must have a number which may consist of digits, letters or a combination of both. The number must distinguish the form from all other forms used by the insurer. We may not consider the same form number under more than one filing. As such, the forms should be withdrawn from this filing and attached as supporting documentation.

3. We have the following concerns with the Actuarial Memorandum:

a. As set forth in 14 VAC 5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the

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lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. Please demonstrate compliance with this regulation.

b. According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all pre stability contracts demonstrating these policy forms are compliant with loss ratio standards as set forth in 14VAC5-200-150 B which states benefits will be deemed reasonable provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms.

c. Please provide an exhibit illustrating an actual to expected analysis based on the original assumptions.

d. Re-state the nationwide experience using Virginia approved rates.

e. Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged since the forms' introduction.

f. Please provide sufficient detail or documentation so that any projections can be recreated. Please provide excel spreadsheets, if possible.

g. Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

h. Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

i. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

j. Please provide the original targeted pricing loss ratio when the policy was originally approved; and if applicable, if the current projected loss ratio is less than originally anticipated.

k. Please identify the amount of Active Life reserves related to these policies and include the Active Life reserves in the determination of the Future Loss ratio.

4. The Rate Request Summary will be available on the Bureau of Insurance website for consumers. Its purpose is to explain in consumer friendly language what has driven the need for a rate increase request. The narrative as written explains that experience has been unfavorable but it is uncertain a policyholder or consumer would understand why maintaining a reasonable lifetime loss ratio translates to a rate increase. To resolve our concern, the Company should include wording similar how the rate increase is explained in the policyholder notification letter.

5. The filing has included three Policyholder notification letters in Supporting Documentation. Pursuant to 14VAC5-200-75 D, these letters must be "filed" for approval. For compliance with this regulation, please move the LB-6301 VA Customer Notice CBUL and the LB-6301 VA Customer Notice NF letters to the Form Schedule. Before doing so, however, please review the policyholder letters that are currently under review under SERFF tracking # LFCR-130038440. Those letters have already been through a thorough review and are near completion. This could be used to avoid repeating the review process with this filing.

6. Due to the size of the rate increase, is the Company willing to implement this as a series of increases? If the company is

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agreeable to this, what implementation schedule would be offered? Such a change would require the Actuarial Memorandum be amended, rate schedules provided for each period, and the policyholder letter updated accordingly to accommodate information for each period.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Toni Janoski*

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/20/2020
Submitted Date	07/20/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Thank you, as it has been mentioned no response required for this objection.

Related Objection 1

Comments: The rate review of this filing is complete, however, the review of the associated policyholder letter included in LFCR-130778344 has not been completed. This filing cannot be approved until the associated forms are also approved.

There is no response required for this objection.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Scarlett Nazari

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/27/2020
Submitted Date	01/28/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See response letter, thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 01 21 20
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 01 21 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/25/2019
Submitted Date	07/25/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the response letter with revised rates and the post submission update.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Bureau has a concern that the requested rate increase would put Virginia notably above the national cumulative average. Our perception is that to approve your requested increase could potentially put an undue premium burden on Virginia policyholders when compared with other states. With this consideration, we ask that you consider revising your request to 35%.

As a separate point, please be aware that we also have the ability to approve implementation of a rate increase over two or three years if requested.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 07 11 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 07 11 19.pdf

No Form Schedule items changed.

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA Proposed Rates (LR)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,	07/25/2019 By: Scarlett Nazari
Previous Version						
1	LB-6301 VA Proposed Rates (LR)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,	12/13/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA LR Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,	10/31/2017 By: Darlene Smith
Previous Version						

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
1	LB-6301 VA LR Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA LR Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Conclusion:

Sincerely,
Scarlett Nazari

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/08/2019
Submitted Date	04/08/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See attached document and response letter.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an updated cumulative approved rate increases in each state.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 Rate Increase History as of 04 02 19
Comments:	
Attachment(s):	LB-6301 Rate Increase History as of 04 02 19.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 Rate Increase History as of 04 02 19
Comments:	
Attachment(s):	LB-6301 Rate Increase History as of 04 02 19.pdf

Satisfied - Item:	LB-6301 VA LR Response Letter 04 02 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 04 02 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response 2

Comments:

See attached response letter.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: What would the nationwide cumulative rate increase be if all outstanding rate increase were approved?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 04 02 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 04 02 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2019
Submitted Date	01/18/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See response letter, thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please verify if it is the companys intention that if the experience develops as projected that no further rate increases will be requested? If not, what loss ratio does the company intend to target for these forms in the future?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 01 17 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 01 17 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2017
Submitted Date	12/13/2017

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See objection response letter and response attachment.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments: Our 11/10/2016 objection letter contained an objection which should be withdrawn: "According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all pre stability contracts demonstrating these policy forms are compliant with loss ratio standards as set forth in 14VAC5-200-150 B which states benefits will be deemed reasonable provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms."

The Company provided the correct information originally by excluding data for all paid-up policies and we sincerely apologize for the inconvenience and confusion this may have caused the Company in complying with our previous request.

After review of the additional information provided, please respond to the following:

- 1.For purposes of the test required by 14VAC5-200-150.B.:
 - a.All nationwide projections used in this test should use the premiums restated to the Virginia rate level.
 - b.The lifetime loss ratio used in the original pricing should be recalculated at the same interest rate used in the testing.
 - c.The projection after the increase should not include shock lapses or benefit reductions.
 - d.Please also provide all supporting projections for the numbers used in this demonstration.
- 2.It seems logical that an assumption for shock lapse and benefit reduction related to a rate increase should have a factor recognizing the magnitude of the rate increase. Comparing this assumption in several filings made by the company, it does not appear that the assumptions being used contain any such adjustment. Please explain.
- 3.Please expand Attachment 3g to include the cumulative approved rate increases in each state including all prior increases, and the inforce premium amount in each state.
- 4.Please provide the actual-to-expected analysis for morbidity incidence and terminations based on the current best-estimate assumptions.
- 5.Please confirm that 4.5% is the average valuation interest rate for the inforce policies covered by this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 12 01 17.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 12 01 17.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (LR) 12 01 17
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (LR) 12 01 17.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

See objection response letter, revised transmittal, proposed rates and affected form numbers.

Related Objection 2

Applies To:

- LB-6301 VA LR Proposed Rates, [LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)] (Rate)

Comments: According to your response riders will not be affected by the rate increase. Although the rate factors may not be changing, the premium for that rider will increase as a result of the change in the base rate. As a result, each of those rider form numbers should be included in the Affected Form Number column in SERFF. Please update the Rate/Rule Schedule accordingly and indicate which rider form numbers apply to each rider on the rate attachment.

The rider form numbers should also be added to the Rate Request Summary.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	LB-6301 VA LR Response Letter 12 01 17
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Comments:	
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Attachment(s):	LB-6301 VA LR Response Letter 12 01 17.pdf
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No Form Schedule items changed.

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA Proposed Rates (LR)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,	12/13/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA LR Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,	10/31/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA LR Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA LR Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Response 3

Comments:

See objection response letter.

Related Objection 3

Applies To:

- Policyholder Notice (Supporting Document)

Comments: Since forms may only be approved once, the letters and forms applicable to this filing will be reviewed under SERFF tracking number LFCR-130778344.

SERFF Tracking #:	LFCR-130778152	State Tracking #:	LFCR-130778152	Company Tracking #:	VA LB-6301 2015 RATE INCREASE LR
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA LR Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 12 01 17.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Darlene Smith*

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/31/2017
Submitted Date	10/31/2017

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See revised exhibits and documents. The rate data has been revised through a post-submission update, thank you.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>

Satisfied - Item:	Policyholder Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	Policyholder Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Policyholder Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	Policyholder Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Policyholder Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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SERFF Tracking #:	LFCR-130778152	State Tracking #:	LFCR-130778152	Company Tracking #:	VA LB-6301 2015 RATE INCREASE LR
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	Policyholder Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Policyholder Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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SERFF Tracking #:	LFCR-130778152	State Tracking #:	LFCR-130778152	Company Tracking #:	VA LB-6301 2015 RATE INCREASE LR
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
Satisfied - Item:	VA Approval 5 15 08
Comments:	
Attachment(s):	VA Approval 5 15 08.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	Policyholder Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Policyholder Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
Satisfied - Item:	VA Approval 5 15 08
Comments:	
Attachment(s):	VA Approval 5 15 08.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (LR)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (LR).xlsx

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	Policyholder Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Policyholder Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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SERFF Tracking #:	LFCR-130778152	State Tracking #:	LFCR-130778152	Company Tracking #:	VA LB-6301 2015 RATE INCREASE LR
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
Satisfied - Item:	VA Approval 5 15 08
Comments:	
Attachment(s):	VA Approval 5 15 08.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (LR)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (LR).xlsx
Satisfied - Item:	LB-6301 VA Current Rates (LR)
Comments:	
Attachment(s):	LB-6301 VA Current Rates (LR).pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (LR).pdf</i>
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Satisfied - Item:	Policyholder Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Policyholder Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

	LB-E-CNF-VA.pdf
Satisfied - Item:	VA Approval 5 15 08
Comments:	
Attachment(s):	VA Approval 5 15 08.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (LR)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (LR).xlsx
Satisfied - Item:	LB-6301 VA Current Rates (LR)
Comments:	
Attachment(s):	LB-6301 VA Current Rates (LR).pdf
Satisfied - Item:	LB-6301 VA LR Response Letter 10 16 17
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 10 16 17.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ENDORSEMENT	Moved to Supporting Documentation	POLA	Initial				Date Submitted: 10/31/2017 By: Darlene Smith
<i>Previous Version</i>								
1	ENDORSEMENT	LB-E-BR-VA	POLA	Initial			LB-E-BR-VA.pdf	Date Submitted: 10/21/2016 By: Darlene Smith
2	ENDORSEMENT	Moved to Supporting Documentation	POLA	Initial				Date Submitted: 10/31/2017 By: Darlene Smith
<i>Previous Version</i>								
2	ENDORSEMENT	LB-E-CNF-VA	POLA	Initial			LB-E-CNF-VA.pdf	Date Submitted: 10/21/2016 By: Darlene Smith

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA LR Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,	10/31/2017 By: Darlene Smith
<i>Previous Version</i>						
1	LB-6301 VA LR Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA LR Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Conclusion:

Sincerely,
 Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 10/21/2016

Comments:

There were revisions made to the Actuarial Memorandum after it was submitted and it's been replaced. Thank you.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo VA with Exhibits (LR).pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo VA with Exhibits (LR).pdf

SERFF Tracking #: LFCR-130778152

State Tracking #: LFCR-130778152

Company Tracking #: VA LB-6301 2015 RATE
INCREASE LR

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Filer

Created By:

Bobby Toone on 09/02/2020 04:13 PM

Last Edited By:

Bobby Toone

Submitted On:

09/02/2020 04:13 PM

Subject:

Status Request

Comments:

This filing is being approved today (9/2)

SERFF Tracking #: LFCR-130778152

State Tracking #: LFCR-130778152

Company Tracking #: VA LB-6301 2015 RATE
INCREASE LR

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Darlene Smith on 08/31/2020 03:25 PM

Last Edited By:

Darlene Smith

Submitted On:

09/01/2020 10:34 AM

Subject:

Status Request

Comments:

Please advise the status of this filing. Thank you.

SERFF Tracking #: LFCR-130778152

State Tracking #: LFCR-130778152

Company Tracking #: VA LB-6301 2015 RATE
INCREASE LR

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Darlene Smith on 07/02/2020 06:00 PM

Last Edited By:

Bobby Toone

Submitted On:

07/06/2020 09:29 AM

Subject:

Status Request

Comments:

Please advise the status of this filing. Thank you

SERFF Tracking #: LFCR-130778152

State Tracking #: LFCR-130778152

Company Tracking #: VA LB-6301 2015 RATE
INCREASE LR

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Darlene Smith on 11/19/2018 01:47 PM

Last Edited By:

Bobby Toone

Submitted On:

07/09/2019 03:49 PM

Subject:

Status Request

Comments:

Please advise the status of this filing. Thank you

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Filer

Created By:

Greg Smith on 07/02/2018 09:40 AM

Last Edited By:

Bobby Toone

Submitted On:

07/09/2019 03:49 PM

Subject:

Response to Status Request of 6/27/2018

Comments:

In response to your inquiries of 06/27/2018, both filings are currently under review and we'll get back to you in the next couple of weeks with a more detailed status update.

Thanks, and let me know if you have any other questions.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

SERFF Tracking #: LFCR-130778152

State Tracking #: LFCR-130778152

Company Tracking #: VA LB-6301 2015 RATE
INCREASE LR

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Scarlett Nazari on 06/27/2018 05:00 PM

Last Edited By:

Bobby Toone

Submitted On:

07/09/2019 03:49 PM

Subject:

Status Request

Comments:

Please advise the status of this filing.

Thank you

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Reviewer Note

Created By:

Bobby Toone on 08/18/2020 05:02 PM

Last Edited By:

Bobby Toone

Submitted On:

08/18/2020 05:04 PM

Subject:

Actuarial Final Summary & Opinion Report

Comments:

12.18.17 - recommend approval



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

December 18, 2017

Janet Houser
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #LFCR-130778152**

Dear Janet:

At your request, I have reviewed the filing for the above captioned submission from **Lincoln Benefit Life Insurance Company** (the "Company"). This is a filing of a rate increase for individual long-term care policy forms pursuant to the requirements of 14VAC5-200 et seq.

Recommendation

After review of the Company's submission, I believe that the Company has demonstrated that the filing is in compliance with all applicable regulations and standards. My review of this filing was performed according to the provisions of 14VAC5-200 et seq. and applicable Actuarial Standards of Practice, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

The Virginia SCC Bureau of Insurance (the "Bureau") could approve the proposed rates as filed. Alternatively, the Bureau could ask the Company to reduce the rate increase from 50% to 35% based on the average rate increase nationwide.

Background

These policies were issued from 1998 to 2004. There has been one previous rate increase approved in 2008 averaging 28.7% for form LB-6301-P-VA, 38% for form LB-6302-P-VA, and 36.3% for form LB-6303-P-VA. As of 12/31/15, there were 572 policies in Virginia and 13,061 nationwide. The Company is requesting an increase of 50% for all lifetime pay policies.

Analysis

My approach was to a) review the filing materials, b) check the filing contents for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the assumptions and projections for reasonableness.

In the course of my review, requests were sent to the Company for additional information. The Company's responses clarified issues raised in my review. The Bureau was involved in all correspondence with the Company.

Assumptions

Morbidity

Both incidence and continuance are derived from external data sources. Incidence is derived from combined reinsurer data from similarly marketed blocks of business. Continuance termination rates are derived from reinsurer data that has been credibility blended with the latest industry data.

Original morbidity was based on the 1985 NNHS with selection factors.

In comparing the two sets of assumptions, the best-estimate incidence rates are lower (65% to 86%). The best estimate length of stay is generally longer, except for claims occurring at ages 45-64.

Persistency

The Company's assumption is comprised of:

- Voluntary Lapse – the ultimate lapse rate at durations 7+ is 1.00% versus 5% for original assumptions; the actual lapse rate for 7+ is 0.94%.
- Mortality – 85% to 100% of the 1994 GAM with select factors;
- Shock Lapse – 3% additional lapse and 11% benefit reduction based on reinsurer experience.

Interest

The original pricing interest rate was 7% to 7.5%. The current best estimate is 5.0% and the average valuation rate of 4.5% is used for discounting.

Actual to Expected Results

Morbidity

Based on original assumptions, the A/E for incidence was 79% and for terminations, 72%. For current assumptions, the ratios are 81% and 88% respectively.

Mortality

The A/E is 51% based on original assumptions and 96% on current assumptions.

These A/E factors show that the current assumptions are a better fit to actual experience than the original assumptions, but the fit is not perfect due to the Company not giving full credibility to the Company's historical experience.

Loss Ratio Demonstrations

Since all policies were issued prior to 10/1/2003, the Company has filed demonstrations consistent with 14VAC5-200-150. For purposes of this analysis, we asked the Company to provide projections without shock lapses or shock morbidity.

In order to determine the appropriate standard, it was necessary to determine the original loss ratio. The Company reports that the loss ratio at time of pricing was 68.2% to 69.9% by plan. However, they also report that when these ratios are recalculated at the 4.5% valuation interest rate, the original loss ratio increases to 94%. As shown below, the plans still pass the test even at a 94% requirement.

Test	Required Claims	Projected Claims	Pass/Fail	Lifetime LR without/with	Future LR* without/with
94/94	1,147M	1,380M	PASS	126%/113%	225%/161%

*including ALR

State Rate Equity

The cumulative rate increase to date on a nationwide basis is 85% based on approvals to date. Other than Virginia, there are filings pending in only four states, so this average is not likely to change significantly in the near future. Approval of this 50% increase in Virginia would bring the cumulative increase to 106%, which is somewhat above the nationwide average. The Bureau could use this information to suggest that the Company reduce their request. A 35% increase would put the cumulative increase in Virginia at 85%, which would be more in line with the national average.

Reliance and Qualifications

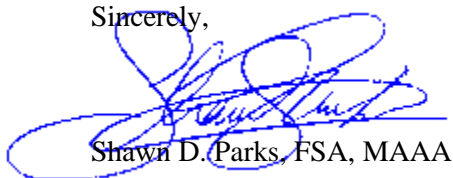
I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

SERFF Tracking #: LFCR-130778152

State Tracking #: LFCR-130778152

Company Tracking #: VA LB-6301 2015 RATE
INCREASE LR

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Reviewer Note

Created By:

Bobby Toone on 10/15/2018 05:10 PM

Last Edited By:

Bobby Toone

Submitted On:

04/01/2020 08:43 AM

Subject:

RRS

Comments:

RRS1

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Lincoln Benefit Life Company (NAIC: 65595)
SERFF Tracking Number:	LFCR-130778152
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	\$4,125
Average Requested Percentage Rate Change Per Member:	50%
Minimum Requested Percentage Rate Change Per Member:	50%
Maximum Requested Percentage Rate Change Per Member:	50%
Number of Policy Holders Affected :	572

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LB-6301-P-VA(Q) LB-6301-P-VA(NQ) LB-6302-P-VA(Q) LB-6302-P-VA(NQ) LB-6303-P-VA(Q) LB-6303-P-VA(NQ) LB-6301-R1 LB-6301-R2 LB-6301-R3 LB-6301-R4 LB-6301-R5(Q) LB-6301-R5(NQ) LB-6301-R6 LB-6301-R8-VA LB-6301-R9-VA LB-6301-R10-VA(Q) LB-6301-R10-VA(NQ)	Senior Linc

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Lincoln Benefit Life Company

**Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA (NQ), LB-6302-P-VA(Q), LB-6302-P-VA (NQ),
LB-6303-P-VA(Q), LB-6303-P-VA (NQ)**

Summary of Key Information Used to Determine Rates

Lincoln Benefit Life Company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies.

Premiums were determined based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. As part of the in-force management of the business, the Company and its reinsurers regularly conduct experience analysis on the policies. Recent studies indicate that individuals are living longer and fewer people are terminating their coverage. Therefore, more benefits will be paid than originally projected. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Post Submission Update Request Processed On 11/02/2017

Status: Allowed
Created By: Darlene Smith
Processed By: Janet Houser
Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Filing Method of Last Filing	Paper	SERFF

Company Rate Information:

Company Name: Lincoln Benefit Life Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	275.000%	50.000%

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Form Schedule

Lead Form Number: LB-E-BR-VA								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Withdrawn 11/02/2017	ENDORSEMENT	Moved to Supporting Documentation	POLA	Initial			
2	Withdrawn 11/02/2017	ENDORSEMENT	Moved to Supporting Documentation	POLA	Initial			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	37.470%
Effective Date of Last Rate Revision:	09/19/2008
Filing Method of Last Filing:	Paper
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Lincoln Benefit Life Company	275.000%	35.000%	\$550,593	572	\$1,573,123	35.000%	35.000%

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		LB-6301 VA Proposed Rates (LR)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: 7/28344 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (LR).pdf,

Lincoln Benefit Life Insurance Company
 LB-6301-P-VA(Q) & LB-6301-P-VA(NQ) - Nursing Care Only
 Policies Issued Before October 1, 2003
 Rates and Factors After 35% Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Nursing Care \$10 DB Annual Rates LB-6301-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors						10-Pay Factor LB-E-125	1-Pay Factor LB-E-205	1-Pay with Non Forfeiture LB-E-206	Paid Up Survivor LB-6301-R6
					Pre-enhanced		Enhanced		Lifetime Pay Simple LB-6301-R8-VA	10 Pay Simple LB-6301-R8-VA				
					Lifetime Pay Compound LB-6301-R4	10 Pay Compound LB-6301-R4	Lifetime Pay Compound LB-6301-R4	10 Pay Compound LB-6301-R4						
40	32.80	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	20.800	30.534	1.400
41	33.89	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	20.400	30.212	1.400
42	34.99	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	20.000	29.880	1.400
43	36.08	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	19.600	29.537	1.400
44	37.17	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	19.200	29.184	1.400
45	38.27	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	18.800	28.820	1.400
46	40.45	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	18.400	28.446	1.400
47	42.64	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	18.000	28.062	1.400
48	44.83	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	17.600	27.667	1.400
49	47.02	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	17.200	27.262	1.400
50	49.20	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	16.800	26.846	1.400
51	52.48	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	16.480	26.549	1.400
52	55.76	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	16.160	26.243	1.400
53	59.04	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	15.840	25.930	1.400
54	62.32	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	15.520	25.608	1.400
55	65.61	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	15.200	25.475	1.400
56	72.17	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	14.960	25.461	1.400
57	78.73	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	14.720	25.436	1.400
58	85.29	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	14.480	25.397	1.400
59	91.85	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	14.240	25.347	1.400
60	98.41	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	14.000	25.284	1.400
61	109.35	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	13.760	25.208	1.400
62	120.28	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	13.520	25.120	1.400
63	131.22	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	13.280	25.019	1.400
64	142.15	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	13.040	24.906	1.400
65	153.09	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	12.800	24.614	1.400
66	174.96	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	12.560	24.316	1.390
67	196.83	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	12.320	24.011	1.380
68	218.70	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	12.080	23.700	1.370
69	240.57	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	11.840	23.384	1.360
70	262.44	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	11.600	23.060	1.350
71	295.24	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	11.440	22.891	1.340
72	328.05	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	11.280	22.717	1.330
73	360.85	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	11.120	22.540	1.320
74	393.66	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	10.960	22.358	1.310
75	426.46	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	10.800	22.172	1.300
76	492.07	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	10.640	21.982	1.300
77	557.68	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	10.480	21.787	1.300
78	623.29	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	10.320	21.589	1.300
79	688.90	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	10.160	21.386	1.300
80	754.51	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	10.000	21.180	1.300
81	820.12	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	9.840	20.969	1.300
82	885.73	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	9.680	20.753	1.300
83	951.34	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	9.520	20.534	1.300
84	1,016.95	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	9.360	20.311	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6302-P-VA(Q) & LB-6302-P-VA(NQ) - Comprehensive LTC
 Policies Issued Before October 1, 2003
 Rates and Factors After 35% Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Comprehensive LTC		Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors								10-Pay Factor LB-E-125	1-Pay Factor LB-E-205	1-Pay with Non Forfeiture LB-E-206	Paid Up Survivor LB-6301-R6
	Per \$10 NC + \$10 HCBC Daily Benefit LB-6302-P-VA(Q)&(NQ)	Per \$10 NC + \$5 HCBC Daily Benefit LB-6302-P-VA(Q)&(NQ)				Pre-enhanced		Enhanced									
						Lifetime Pay Compound LB-6301-R4	10 Pay Compound LB-6301-R4	Lifetime Pay Compound LB-6301-R4	10 Pay Compound LB-6301-R4	Lifetime Pay Simple LB-6301-R8-VA	10 Pay Simple LB-6301-R8-VA						
40	49.20	41.01	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	20.800	30.534	1.400		
41	50.85	42.37	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	20.400	30.212	1.400		
42	52.48	43.74	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	20.000	29.880	1.400		
43	54.13	45.10	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	19.600	29.537	1.400		
44	55.76	46.48	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	19.200	29.184	1.400		
45	57.41	47.84	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	18.800	28.820	1.400		
46	60.69	50.57	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	18.400	28.446	1.400		
47	63.97	53.31	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	18.000	28.062	1.400		
48	67.25	56.03	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	17.600	27.667	1.400		
49	70.53	58.77	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	17.200	27.262	1.400		
50	73.81	61.50	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	16.800	26.846	1.400		
51	78.73	65.61	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	16.480	26.549	1.400		
52	83.65	69.71	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	16.160	26.243	1.400		
53	88.57	73.81	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	15.840	25.930	1.400		
54	93.50	77.90	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	15.520	25.608	1.400		
55	98.41	82.01	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	15.200	25.475	1.400		
56	108.25	90.22	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	14.960	25.461	1.400		
57	118.09	98.41	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	14.720	25.436	1.400		
58	127.93	106.62	1.754	1.580	1.220	2.450	2.450	2.450	2.700	1.780	1.880	1.930	14.480	25.397	1.400		
59	137.78	114.81	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	14.240	25.347	1.400		
60	147.62	123.02	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	14.000	25.284	1.400		
61	164.02	136.68	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	13.760	25.208	1.400		
62	180.42	150.36	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	13.520	25.120	1.400		
63	196.83	164.02	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	13.280	25.019	1.400		
64	213.23	177.70	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	13.040	24.906	1.400		
65	229.63	191.36	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	12.800	24.614	1.400		
66	262.44	218.70	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	12.560	24.316	1.390		
67	295.24	246.03	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	12.320	24.011	1.380		
68	328.05	273.37	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	12.080	23.700	1.370		
69	360.85	300.71	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	11.840	23.384	1.360		
70	393.66	328.05	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	11.600	23.060	1.350		
71	442.86	369.06	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	11.440	22.891	1.340		
72	492.07	410.06	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	11.280	22.717	1.330		
73	541.28	451.07	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	11.120	22.540	1.320		
74	590.49	492.07	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	10.960	22.358	1.310		
75	639.69	533.08	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	10.800	22.172	1.300		
76	738.11	615.10	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	10.640	21.982	1.300		
77	836.52	697.11	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	10.480	21.787	1.300		
78	934.94	779.12	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	10.320	21.589	1.300		
79	1,033.35	861.13	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	10.160	21.386	1.300		
80	1,131.77	943.15	2.118	1.860	1.380	1,390	1,300	1,390	1,500	1,300	1,350	1,330	10,000	21,180	1,300		
81	1,230.18	1,025.16	2.131	1.870	1.385	1,370	1,280	1,370	1,470	1,290	1,340	1,310	9,840	20,969	1,300		
82	1,328.60	1,107.17	2.144	1.880	1.390	1,340	1,260	1,340	1,450	1,280	1,330	1,290	9,680	20,753	1,300		
83	1,427.01	1,189.18	2.157	1.890	1.395	1,320	1,240	1,320	1,410	1,270	1,320	1,270	9,520	20,534	1,300		
84	1,525.43	1,271.20	2.170	1.900	1.400	1,300	1,220	1,300	1,390	1,260	1,310	1,250	9,360	20,311	1,300		

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.265
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Waiver of Premium Rider (LB-6301-R9-VA)	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Enhanced	50% HCBC
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90		100% HCBC
2 Preferreds	1.00				1.15
1 Preferred Nonsmoker / 1 Standard	1.00	HCBC Indemnity Rider		Pre-Enhanced	50% HCBC
1 Preferred / 1 Standard	1.10	LB-6301-R10-VA/Q)&(N/Q)			100% HCBC
2 Standards	1.20	Enhanced	1.12		
		Pre-Enhanced	1.16		

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors After 35% Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
					LB-6301-R4	LB-6301-R4	LB-6301-R8-VA
40	36.15	1.468	1.360	1.130	3.380	3.380	2.440
41	37.35	1.481	1.370	1.135	3.320	3.320	2.370
42	38.55	1.494	1.380	1.140	3.270	3.270	2.300
43	39.75	1.507	1.390	1.145	3.210	3.210	2.240
44	40.97	1.520	1.400	1.150	3.160	3.160	2.170
45	42.17	1.533	1.410	1.155	3.100	3.100	2.140
46	44.57	1.546	1.420	1.160	3.040	3.040	2.100
47	46.99	1.559	1.430	1.165	2.990	2.990	2.070
48	49.39	1.572	1.440	1.170	2.930	2.930	2.040
49	51.81	1.585	1.450	1.175	2.880	2.880	2.000
50	54.21	1.598	1.460	1.180	2.820	2.820	1.970
51	57.83	1.611	1.470	1.185	2.770	2.770	1.940
52	61.45	1.624	1.480	1.190	2.660	2.660	1.910
53	65.07	1.637	1.490	1.195	2.550	2.550	1.880
54	68.67	1.650	1.500	1.200	2.440	2.440	1.860
55	72.29	1.676	1.520	1.205	2.330	2.330	1.830
56	79.52	1.702	1.540	1.210	2.210	2.210	1.790
57	86.75	1.728	1.560	1.215	2.100	2.100	1.760
58	93.98	1.754	1.580	1.220	1.990	1.990	1.730
59	101.20	1.780	1.600	1.225	1.880	1.880	1.690
60	108.44	1.806	1.620	1.230	1.770	1.770	1.660
61	120.48	1.832	1.640	1.235	1.750	1.750	1.640
62	132.54	1.858	1.660	1.240	1.730	1.730	1.630
63	144.58	1.884	1.680	1.245	1.710	1.710	1.610
64	156.64	1.910	1.700	1.250	1.670	1.670	1.580
65	168.68	1.923	1.710	1.260	1.610	1.610	1.520
66	192.78	1.936	1.720	1.270	1.560	1.560	1.480
67	216.87	1.949	1.730	1.280	1.520	1.520	1.450
68	240.97	1.962	1.740	1.290	1.480	1.480	1.410
69	265.07	1.975	1.750	1.300	1.440	1.440	1.380
70	289.17	1.988	1.760	1.310	1.400	1.400	1.340
71	320.66	2.001	1.770	1.320	1.380	1.380	1.330
72	351.13	2.014	1.780	1.330	1.360	1.360	1.320
73	380.56	2.027	1.790	1.340	1.340	1.340	1.300
74	408.96	2.040	1.800	1.350	1.320	1.320	1.290
75	436.33	2.053	1.810	1.355	1.300	1.300	1.280
76	495.72	2.066	1.820	1.360	1.290	1.290	1.270
77	553.04	2.079	1.830	1.365	1.280	1.280	1.260
78	608.29	2.092	1.840	1.370	1.270	1.270	1.250
79	661.47	2.105	1.850	1.375	1.260	1.260	1.240
80	712.59	2.118	1.860	1.380	1.250	1.250	1.230
81	768.10	2.131	1.870	1.385	1.240	1.240	1.220
82	822.58	2.144	1.880	1.390	1.230	1.230	1.210
83	876.02	2.157	1.890	1.395	1.220	1.220	1.200
84	928.44	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors After 35% Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
					LB-6301-R4	LB-6301-R4	LB-6301-R8-VA
40	28.40	1.468	1.360	1.130	3.940	3.940	2.800
41	29.34	1.481	1.370	1.135	3.880	3.880	2.740
42	30.29	1.494	1.380	1.140	3.800	3.800	2.680
43	31.23	1.507	1.390	1.145	3.700	3.700	2.610
44	32.18	1.520	1.400	1.150	3.600	3.600	2.530
45	33.12	1.533	1.410	1.155	3.500	3.500	2.490
46	35.03	1.546	1.420	1.160	3.400	3.400	2.440
47	36.92	1.559	1.430	1.165	3.300	3.300	2.380
48	38.81	1.572	1.440	1.170	3.200	3.200	2.320
49	40.70	1.585	1.450	1.175	3.100	3.100	2.260
50	42.60	1.598	1.460	1.180	3.000	3.000	2.200
51	45.44	1.611	1.470	1.185	2.920	2.920	2.140
52	48.27	1.624	1.480	1.190	2.840	2.840	2.080
53	51.12	1.637	1.490	1.195	2.760	2.760	2.020
54	53.95	1.650	1.500	1.200	2.680	2.680	1.960
55	56.80	1.676	1.520	1.205	2.600	2.600	1.900
56	62.47	1.702	1.540	1.210	2.550	2.550	1.860
57	68.16	1.728	1.560	1.215	2.450	2.450	1.820
58	73.84	1.754	1.580	1.220	2.330	2.330	1.780
59	79.52	1.780	1.600	1.225	2.200	2.200	1.740
60	85.19	1.806	1.620	1.230	2.070	2.070	1.700
61	94.67	1.832	1.640	1.235	2.040	2.040	1.670
62	104.13	1.858	1.660	1.240	2.020	2.020	1.640
63	113.60	1.884	1.680	1.245	1.990	1.990	1.610
64	123.06	1.910	1.700	1.250	1.950	1.950	1.580
65	132.54	1.923	1.710	1.260	1.880	1.880	1.550
66	151.47	1.936	1.720	1.270	1.830	1.830	1.520
67	170.41	1.949	1.730	1.280	1.780	1.780	1.490
68	189.33	1.962	1.740	1.290	1.730	1.730	1.460
69	208.27	1.975	1.750	1.300	1.680	1.680	1.430
70	227.20	1.988	1.760	1.310	1.630	1.630	1.400
71	255.60	2.001	1.770	1.320	1.590	1.590	1.390
72	284.01	2.014	1.780	1.330	1.540	1.540	1.380
73	312.40	2.027	1.790	1.340	1.500	1.500	1.370
74	340.80	2.040	1.800	1.350	1.450	1.450	1.360
75	369.21	2.053	1.810	1.355	1.410	1.410	1.350
76	426.00	2.066	1.820	1.360	1.380	1.380	1.340
77	482.81	2.079	1.830	1.365	1.340	1.340	1.320
78	539.60	2.092	1.840	1.370	1.310	1.310	1.290
79	596.41	2.105	1.850	1.375	1.280	1.280	1.260
80	653.21	2.118	1.860	1.380	1.250	1.250	1.230
81	704.09	2.131	1.870	1.385	1.240	1.240	1.220
82	754.04	2.144	1.880	1.390	1.230	1.230	1.210
83	803.03	2.157	1.890	1.395	1.220	1.220	1.200
84	851.06	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors After 35% Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
					LB-6301-R4	LB-6301-R4	LB-6301-R8-VA
40	23.66	1.468	1.360	1.130	4.000	4.000	2.800
41	24.46	1.481	1.370	1.135	3.900	3.900	2.740
42	25.24	1.494	1.380	1.140	3.800	3.800	2.680
43	26.02	1.507	1.390	1.145	3.700	3.700	2.620
44	26.82	1.520	1.400	1.150	3.600	3.600	2.560
45	27.60	1.533	1.410	1.155	3.500	3.500	2.500
46	29.18	1.546	1.420	1.160	3.400	3.400	2.440
47	30.76	1.559	1.430	1.165	3.300	3.300	2.380
48	32.34	1.572	1.440	1.170	3.200	3.200	2.320
49	33.92	1.585	1.450	1.175	3.100	3.100	2.260
50	35.50	1.598	1.460	1.180	3.000	3.000	2.200
51	37.86	1.611	1.470	1.185	2.920	2.920	2.140
52	40.23	1.624	1.480	1.190	2.840	2.840	2.080
53	42.60	1.637	1.490	1.195	2.760	2.760	2.020
54	44.96	1.650	1.500	1.200	2.680	2.680	1.960
55	47.33	1.676	1.520	1.205	2.600	2.600	1.900
56	52.06	1.702	1.540	1.210	2.550	2.550	1.860
57	56.80	1.728	1.560	1.215	2.500	2.500	1.820
58	61.53	1.754	1.580	1.220	2.450	2.450	1.780
59	66.27	1.780	1.600	1.225	2.400	2.400	1.740
60	70.99	1.806	1.620	1.230	2.250	2.250	1.700
61	78.89	1.832	1.640	1.235	2.230	2.230	1.670
62	86.77	1.858	1.660	1.240	2.200	2.200	1.640
63	94.67	1.884	1.680	1.245	2.140	2.140	1.610
64	102.55	1.910	1.700	1.250	2.070	2.070	1.580
65	110.44	1.923	1.710	1.260	2.000	2.000	1.550
66	126.22	1.936	1.720	1.270	1.940	1.940	1.520
67	142.00	1.949	1.730	1.280	1.880	1.880	1.490
68	157.78	1.962	1.740	1.290	1.820	1.820	1.460
69	173.55	1.975	1.750	1.300	1.760	1.760	1.430
70	189.33	1.988	1.760	1.310	1.700	1.700	1.400
71	213.00	2.001	1.770	1.320	1.660	1.660	1.390
72	236.66	2.014	1.780	1.330	1.620	1.620	1.380
73	260.33	2.027	1.790	1.340	1.580	1.580	1.370
74	284.01	2.040	1.800	1.350	1.540	1.540	1.360
75	307.67	2.053	1.810	1.355	1.500	1.500	1.350
76	355.00	2.066	1.820	1.360	1.490	1.490	1.340
77	402.34	2.079	1.830	1.365	1.470	1.470	1.330
78	449.67	2.092	1.840	1.370	1.430	1.430	1.320
79	497.01	2.105	1.850	1.375	1.400	1.400	1.310
80	544.34	2.118	1.860	1.380	1.360	1.360	1.300
81	591.67	2.131	1.870	1.385	1.340	1.340	1.290
82	639.00	2.144	1.880	1.390	1.320	1.320	1.280
83	686.35	2.157	1.890	1.395	1.300	1.300	1.270
84	733.68	2.170	1.900	1.400	1.280	1.280	1.250

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Cert of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	Product Checklist
Comments:	Reviewed
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo VA with Exhibits (LR).pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (LR).pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Certification LB-E-BR-VA.pdf VA Readability Certification LB-E-CNF-VA.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	TPA Authorization Letter
Comments:	
Attachment(s):	LB-6301 authorization letter - 2016.pdf
Item Status:	Received & Acknowledged

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Status Date:	11/02/2017
Satisfied - Item:	Policyholder Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB6301 Virginia (Rate Increase filing) Endorsement SOV
Comments:	
Attachment(s):	LB6301 Virginia (Rate Increase filing) Endorsement SOV.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	Endorsements
Comments:	
Attachment(s):	LB-E-BR-VA.pdf LB-E-CNF-VA.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	VA Approval 5 15 08
Comments:	
Attachment(s):	VA Approval 5 15 08.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA Response Attachment (LR)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments:	
Attachment(s):	LB-6301 VA Response Attachment (LR).xlsx
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA Current Rates (LR)
Comments:	
Attachment(s):	LB-6301 VA Current Rates (LR).pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA LR Response Letter 10 16 17
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 10 16 17.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA LR Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 12 01 17.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA Response Attachment (LR) 12 01 17
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (LR) 12 01 17.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA LR Response Letter 01 17 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 01 17 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 Rate Increase History as of 04 02 19
Comments:	

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Attachment(s):	LB-6301 Rate Increase History as of 04 02 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA LR Response Letter 04 02 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 04 02 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA LR Response Letter 07 11 19
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 07 11 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA LR Response Letter 01 21 20
Comments:	
Attachment(s):	LB-6301 VA LR Response Letter 01 21 20.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020

SERFF Tracking #:	LFCR-130778152	State Tracking #:	LFCR-130778152	Company Tracking #:	VA LB-6301 2015 RATE INCREASE LR
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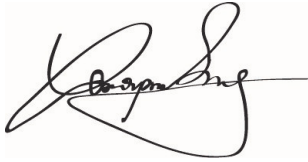
State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Attachment LB-6301 VA Response Attachment (LR).xlsx is not a PDF document and cannot be reproduced here.

Submitted By: Xiaoyan Song, FSA, MAAA, FLMI, LTCP

CERTIFICATION

The company has reviewed the enclosed policy form(s) and certified that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.



Name: Xiaoyan Song, FSA, MAAA, FLMI, LTCP

Title : Consulting Actuary

Date: 9/29/2016

Lincoln Benefit Life Company

Home Office: 2940 South 84th Street, Lincoln, NE 68506-4142

Company NAIC No. 65595

Administrative Office: Post Office Box 4243

Woodland Hills, California 91365-4243

Actuarial Memorandum

October 2016

Nursing Care Only Policy:	Form LB-6301-P-VA(Q)&(NQ)
Comprehensive Long Term Care Policy:	Form LB-6302-P-VA(Q)&(NQ)
Home and Community Based Care Policy:	Form LB-6303-P-VA(Q)&(NQ)

The above referenced individual Long Term Care (LTC) policy forms provide benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home and Community Based Care. They were issued in Virginia from 1998 to 2004. Midway through this issue period, certain contracts (referred to as “enhanced”) were issued with additional benefits and different rates for the benefit increase riders. Both pre-enhanced and enhanced policies are included in the scope of this filing. Collectively they are known as the SENIOR LINC series. These policy forms are no longer being marketed in any state. This memorandum is applicable to Pre-Rate Stabilized policies issued before October 1, 2003.

Lincoln Benefit Life Company

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Woodland Hills, California 91365-4243

Actuarial Memorandum

October 2016

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October 2016

Actuarial Memorandum Exhibits

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Lincoln Benefit Life Company

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Woodland Hills, California 91365-4243

Actuarial Memorandum

October 2016

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Requested Rate Increase

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are substantially lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums.

The base rate increase is 50% for lifetime-pay policies only. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in attachment A.

3. Premiums

Premiums are unisex, level and payable either as a single premium or for either ten years or life. For each policy form, the premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected. Limited-pay contracts will not be affected by this rate schedule change.

Please see attachments B1.1-B3.3 for rates:

B1.1	LB-6301-P-VA current rates
B1.2	LB-6301-P-VA proposed rates
B1.3	LB-6301-P-VA proposed increase
B2.1	LB-6302-P-VA current rates
B2.2	LB-6302-P-VA proposed rates
B2.3	LB-6302-P-VA proposed increase

Lincoln Benefit Life Company

Home Office: 2940 South 84th Street, Lincoln, NE 68506-4142

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Woodland Hills, California 91365-4243

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B3.0.1	LB-6303-P-VA (0-Day Elimination Period) current rates
B3.0.2	LB-6303-P-VA (0-Day Elimination Period) proposed rates
B3.30.1	LB-6303-P-VA (30-Day Elimination Period) current rates
B3.30.2	LB-6303-P-VA (30-Day Elimination Period) proposed rates
B3.90.1	LB-6303-P-VA (90-Day Elimination Period) current rates
B3.90.2	LB-6303-P-VA (90-Day Elimination Period) proposed rates
B3.3	LB-6303-P-VA proposed increase

Please note that the actual rates implemented may vary from those in rate pages slightly due to implementation rounding algorithms.

4. Description of Benefits

These are individually underwritten policies that provide nursing care only, home and community based care only, or comprehensive long term care coverage. The policies and riders are available as lifetime coverage with an unlimited benefit period or for 3 or 5 years benefit periods. Under the Nursing Care and Comprehensive policies, restoration of the benefit period is provided if the insured is not eligible to receive benefits for at least 180 consecutive days.

Maximum total benefits for all claim benefit periods combined are: 3 Years — 2,190 Days 5 Years — 3,650 Days

The policies and riders are available with an elimination period of 0, 30, or 90 days. The elimination period is a cumulative lifetime deductible. After satisfaction of the elimination period, no further elimination period will be required for any subsequent claims.

Nursing Care Only Policy – \$10.00 per day of Nursing Care Benefit (skilled, intermediate or custodial/personal nursing care) while confined in a qualified Nursing Care Facility or an Assisted Living Facility.

Bed Reservation Benefit pays \$10.00 per day, up to 21 days per calendar year, when insured incurs charges to reserve a bed in a Nursing Care Facility during hospitalization.

Alternative Plan of Care Benefit provides medical or non-medical benefits agreed upon by the insured, the physician and the Company which may enable the insured to end Nursing Care Facility confinement and recover at home or in an alternative facility.

Lincoln Benefit Life Company

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Woodland Hills, California 91365-4243

Actuarial Memorandum

October 2016

Waiver of Premium Benefit is provided after confinement in a Nursing Care Facility or an Assisted Living Facility for a period of 60 calendar days.

Personal Care Advisor, accessible through toll-free telephone number, is available to insured to provide assistance with any questions about their coverage.

Comprehensive Long Term Care Policy – This policy pays all benefits listed above for the Nursing Care Policy, plus a Home and Community Based Care Benefit: 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist, adult day care, respite care (maximum of 14 days per calendar year), hospice care, homemaker services and services provided by a qualified Home Care Agency. Benefits are payable after the elimination period. The insured may choose a maximum daily benefit of either 50% or 100% of the daily benefit for Nursing Care and may also choose a benefit period less than or equal to the benefit period for Nursing Care.

Home and Community Based Care Policy – This policy pays 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist, adult day care, respite care (maximum of 14 days per calendar year), hospice care, homemaker services and services provided by a qualified Home Care Agency. Benefits are payable after the elimination period.

Optional Benefits – Optional riders may include full/limited/shortened benefit period nonforfeiture, compound/simple benefit increase, paid-up survivor, waiver of premium, and indemnity benefits.

5. Marketing Method

These policy forms were marketed by individual agents of Lincoln Benefit Life Company.

6. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, paramedical functional assessments, personal history interviews, and MIB searches.

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7. Renewability

These policies are guaranteed renewable for life.

8. Applicability

This filing is applicable to all lifetime-pay policies issued in Virginia on the above referenced forms. Since these forms and riders are no longer being sold, the rate increase will only apply to in-force lifetime-pay policies.

9. Actuarial Assumptions

a. Lapse and rate increase impact

Attachment C includes a comparison of original pricing, actual, and best estimate voluntary lapse rates.

Rate increase impact assumptions:

- 50% of the premium increase is assumed to occur in 2016, 50% in 2017.
- An extra 3% of the policyholders with a rate increase are assumed to lapse.
- 11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

b. Mortality

Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Pricing: 1975-80 Select and Ultimate

Best estimate: Attained age mortality is 85% of the 1994 Group Annuity Mortality Table for ages 85 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

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c. Claims

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

Inforce Adjustment Factors are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA 1984-2007 LTC Intercompany Study Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim termination rate.

Pricing Claim Costs for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Claim costs for Home and Community Based Care Benefit are decreasing percentages of Nursing Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider, the Limited and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are increased by 5% each duration (simple interest rider) or compounded by 5% each duration (compound interest rider) to obtain the actual claim costs by duration.

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Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Original Pricing: 150% of the individual claim costs

Best Estimates: 72% of the claim costs of each insured

Underwriting selection factors:

Original Pricing: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

Best estimates: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

d. Interest

Original Pricing: 7.5% for pre-enhanced policies; 7% for enhanced policies

Best Estimate: 5.0%

e. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expenses assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

10. Issue Age Range

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range is 18 to 84.

11. Area Factors

Area factors were not used in pricing for the above-listed policy forms.

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12. Modal Premium Factors

The following modal factors are applied to the annual premium (AP):

Premium Mode	Modal Factors
Annual	$1.00 \times AP$
Semi-Annual	$0.52 \times AP$
Quarterly	$0.27 \times AP$
PAC/EFT	$0.085 \times AP$

13. Claim Liability and Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2015 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2015 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

14. Trend Assumptions

An explicit medical cost trend is not included in the projections.

15. Past and Future Policy Experience

Earned premiums and incurred claims for projection years 2016 through 2055 are developed from a projection model representing actual contracts in force as of December 31, 2015. The best estimate assumptions described above for morbidity, voluntary lapse, and mortality are used to project life years, earned premiums and incurred claims. Projections are for lifetime-pay policies only.

Nationwide and statewide historical experience and projections without and with proposed rate increase are shown as follows:

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Nationwide: Attachment F

Virginia: Attachment G

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2015} PMT_t^j v^{t-j} + {}_jCR_{2015} v^{2015-j+1/2} + {}_jIBNR_{2015} v^{2015-j+1/2}}{EP_j}$$

LR_j = loss ratio for year j

PMT_t^j = claim payments in year t on claims incurred in year j , assumed to occur midyear

${}_jCR_{2015}$ = claim reserve held on December 31, 2015 for claims incurred in year j

${}_jIBNR_{2015}$ = incurred but not reported reserve as of December 31, 2015 attributable to claims incurred in year j

EP_j = earned premium in year j , assumed mid-year

j = year of incurral

$v = 1 / 1.05 = 0.952381$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. A lifetime loss ratio as of December 31, 2015 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 5%.

16. History of Previous Rate Revisions

Average premium rate increases of 28.7% for form LB-6301-P-VA, 38% for form LB-6302-P-VA, and 36.3% for form LB-6303-P-VA were approved on May 15, 2008 for policies issued before October 1, 2003.

17. Analysis Performed

The initial originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the initial originally approved rate schedule was developed.

As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse,

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mortality, claim incidence, and claim length of stay. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H1 and H2 compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with original pricing expected cumulative loss ratios. This experience is for lifetime-pay policies only.

Nationwide and statewide historical and projected lifetime cumulative loss ratio compared with original pricing cumulative loss ratio:

Nationwide: Attachment H1

Virginia: Attachment H2

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in Attachments H1 and H2. The actual/best estimate cumulative loss ratio is discounted by 5.0% (best estimate interest rate) and the original pricing cumulative loss ratio is discounted by 7.5% (original pricing interest rate).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 170% actual to expected cumulative loss ratio in Attachment H1.

18. Loss Ratio Requirement Compliance Demonstration

Historical experience and projected experience using current best estimates are shown in the following exhibits:

Attachment F: Nationwide

Attachment G: Virginia

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio requirements, both with and without the requested rate increase.

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19. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period after approval.

20. Nationwide Distribution of Business as of December 31, 2015 (Based on Policy Count and Premium)

As of December 31, 2015, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution: Attachment I1

Virginia distribution: Attachment I2

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21. Actuarial Certification

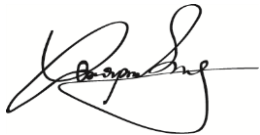
I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

To the best of my knowledge and judgment, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the state where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not unfairly discriminatory and the gross premiums are not excessive and bear reasonable relationship to the benefits, based on the lifetime loss ratio exceeding the minimum loss ratio requirement; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any states.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued Before October 1, 2003

Attachment A
Rate Increase Impact Exhibit*

Virginia	Cost of Living Adjustment			Total
	None	Simple	Compound	
Number of Policies	78	91	403	572
Current Premium	\$135,390	\$224,611	\$1,213,122	1,573,123
Current Average Premium	\$1,736	\$2,468	\$3,010	2,750
New Premium	\$203,085	\$336,916	\$1,819,683	2,359,684
New Average Premium	\$2,604	\$3,702	\$4,515	4,125
Average Rate Increase	50.00%	50.00%	50.00%	50.00%

Nationwide	Cost of Living Adjustment			Total
	None	Simple	Compound	
Number of Policies	2,512	1,056	9,493	13,061
Current Premium	\$4,813,774	\$2,749,498	\$28,098,163	35,661,435
Current Average Premium	\$1,916	\$2,604	\$2,960	2,730
New Premium	\$7,220,661	\$4,124,247	\$42,147,245	53,492,153
New Average Premium	\$2,874	\$3,906	\$4,440	4,096
Average Rate Increase	50.00%	50.00%	50.00%	50.00%

*Policy counts and premium totals are for lifetime-pay policies only.

Lincoln Benefit Life Insurance Company
LB-6301-P-VA(Q)&(NQ) - Nursing Care Only
Policies Issued Before October 1, 2003
Rates and Factors Before Increase
Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B1.1

Issue Age	Nursing Care				Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	\$10 DB Annual Rates				Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-enhanced		Enhanced		
					Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple		
40	24.30	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	1.400
41	25.11	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	1.400
42	25.92	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	1.400
43	26.73	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	1.400
44	27.54	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	1.400
45	28.35	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	1.400
46	29.97	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	1.400
47	31.59	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	1.400
48	33.21	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	1.400
49	34.83	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	1.400
50	36.45	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	1.400
51	38.88	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	1.400
52	41.31	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	1.400
53	43.74	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	1.400
54	46.17	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	1.400
55	48.60	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	1.400
56	53.46	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	1.400
57	58.32	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	1.400
58	63.18	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	1.400
59	68.04	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	1.400
60	72.90	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	1.400
61	81.00	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	1.400
62	89.10	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	1.400
63	97.20	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	1.400
64	105.30	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	1.400
65	113.40	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	1.400
66	129.60	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	1.390
67	145.80	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	1.380
68	162.00	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	1.370
69	178.20	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	1.360
70	194.40	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	1.350
71	218.70	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	1.340
72	243.00	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	1.330
73	267.30	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	1.320
74	291.60	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	1.310
75	315.90	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	1.300
76	364.50	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	1.300
77	413.10	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	1.300
78	461.70	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	1.300
79	510.30	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	1.300
80	558.90	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	1.300
81	607.50	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	1.300
82	656.10	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	1.300
83	704.70	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	1.300
84	753.30	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

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Policies Issued Before October 1, 2003
Rates and Factors After Increase
Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B1.2

Issue Age	Nursing Care				Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	\$10 DB Annual Rates				Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-enhanced		Enhanced		
					Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple		
40	36.45	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	1.400
41	37.66	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	1.400
42	38.88	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	1.400
43	40.09	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	1.400
44	41.31	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	1.400
45	42.52	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	1.400
46	44.95	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	1.400
47	47.38	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	1.400
48	49.81	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	1.400
49	52.24	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	1.400
50	54.67	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	1.400
51	58.32	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	1.400
52	61.96	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	1.400
53	65.61	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	1.400
54	69.25	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	1.400
55	72.90	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	1.400
56	80.19	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	1.400
57	87.48	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	1.400
58	94.77	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	1.400
59	102.06	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	1.400
60	109.35	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	1.400
61	121.50	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	1.400
62	133.65	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	1.400
63	145.80	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	1.400
64	157.95	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	1.400
65	170.10	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	1.400
66	194.40	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	1.390
67	218.70	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	1.380
68	243.00	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	1.370
69	267.30	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	1.360
70	291.60	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	1.350
71	328.05	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	1.340
72	364.50	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	1.330
73	400.95	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	1.320
74	437.40	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	1.310
75	473.85	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	1.300
76	546.75	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	1.300
77	619.65	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	1.300
78	692.55	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	1.300
79	765.45	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	1.300
80	838.35	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	1.300
81	911.25	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	1.300
82	984.15	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	1.300
83	1,057.05	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	1.300
84	1,129.95	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6301-P-VA(Q)&(NQ) - Nursing Care Only
Policies Issued Before October 1, 2003
Rate Increases

Attachment B1.3

Issue Age	Increase Percentage
40	50 %
41	50%
42	50%
43	50%
44	50%
45	50 %
46	50%
47	50%
48	50%
49	50%
50	50 %
51	50%
52	50%
53	50%
54	50%
55	50 %
56	50%
57	50%
58	50%
59	50%
60	50 %
61	50%
62	50%
63	50%
64	50%
65	50 %
66	50%
67	50%
68	50%
69	50%
70	50 %
71	50%
72	50%
73	50%
74	50%
75	50 %
76	50%
77	50%
78	50%
79	50%
80	50 %
81	50%
82	50%
83	50%
84	50%

Lincoln Benefit Life Insurance Company
LB-6302-P-VA(Q)&(NQ) - Comprehensive LTC
Policies Issued Before October 1, 2003
Rates and Factors Before Increase
Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B2.1

Issue Age	Comprehensive LTC			Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	Per \$10 NC + \$10 HCBC Daily Benefit	Per \$10 NC + \$5 HCBC Daily Benefit					Pre-enhanced		Enhanced					
							Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple		
40	36.45	30.38	1.468	1.360	1.130	4.000	4.000	4.000	4.000	4.500	2.800	3.200	2.770	1.400
41	37.67	31.39	1.481	1.370	1.135	3.900	3.900	3.900	4.000	4.400	2.740	3.120	2.720	1.400
42	38.88	32.40	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	1.400	1.400
43	40.10	33.41	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	1.400	1.400
44	41.31	34.43	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	1.400	1.400
45	42.53	35.44	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	1.400	1.400
46	44.96	37.46	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	1.400	1.400
47	47.39	39.49	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	1.400	1.400
48	49.82	41.51	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	1.400	1.400
49	52.25	43.54	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	1.400	1.400
50	54.68	45.56	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	1.400	1.400
51	58.32	48.60	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	1.400	1.400
52	61.97	51.64	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	1.400	1.400
53	65.61	54.68	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	1.400	1.400
54	69.26	57.71	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	1.400	1.400
55	72.90	60.75	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	1.400	1.400
56	80.19	66.83	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	1.400	1.400
57	87.48	72.90	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	1.400	1.400
58	94.77	78.98	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	1.400	1.400
59	102.06	85.05	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	1.400	1.400
60	109.35	91.13	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	1.400	1.400
61	121.50	101.25	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	1.400	1.400
62	133.65	111.38	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	1.400	1.400
63	145.80	121.50	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	1.400	1.400
64	157.95	131.63	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	1.400	1.400
65	170.10	141.75	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	1.400	1.400
66	194.40	162.00	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	1.390	1.400
67	218.70	182.25	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	1.380	1.400
68	243.00	202.50	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	1.370	1.400
69	267.30	222.75	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	1.360	1.400
70	291.60	243.00	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	1.350	1.400
71	328.05	273.38	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	1.340	1.400
72	364.50	303.75	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	1.330	1.400
73	400.95	334.13	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	1.320	1.400
74	437.40	364.50	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	1.310	1.400
75	473.85	394.88	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	1.300	1.400
76	546.75	455.63	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	1.300	1.400
77	619.65	516.38	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	1.300	1.400
78	692.55	577.13	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	1.300	1.400
79	765.45	637.88	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	1.300	1.400
80	838.35	698.63	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	1.300	1.400
81	911.25	759.38	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	1.300	1.400
82	984.15	820.13	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	1.300	1.400
83	1,057.05	880.88	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	1.300	1.400
84	1,129.95	941.63	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	1.300	1.400

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6302-P-VA(Q)&(NQ) - Comprehensive LTC
Policies Issued Before October 1, 2003
Rates and Factors After Increase
Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B2.2

Issue Age	Comprehensive LTC			Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	Per \$10 NC + \$10 HCBC Daily Benefit	Per \$10 NC + \$5 HCBC Daily Benefit	Pre-enhanced				Enhanced							
						Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple			
40	54.67	45.57	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	1.400	
41	56.50	47.08	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	1.400	
42	58.32	48.60	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	1.400	
43	60.15	50.11	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	1.400	
44	61.96	51.64	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	1.400	
45	63.79	53.16	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	1.400	
46	67.44	56.19	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	1.400	
47	71.08	59.23	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	1.400	
48	74.73	62.26	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	1.400	
49	78.37	65.31	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	1.400	
50	82.02	68.34	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	1.400	
51	87.48	72.90	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	1.400	
52	92.95	77.46	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	1.400	
53	98.41	82.02	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	1.400	
54	103.89	86.56	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	1.400	
55	109.35	91.12	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	1.400	
56	120.28	100.24	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	1.400	
57	131.22	109.35	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	1.400	
58	142.15	118.47	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	1.400	
59	153.09	127.57	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	1.400	
60	164.02	136.69	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	1.400	
61	182.25	151.87	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	1.400	
62	200.47	167.07	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	1.400	
63	218.70	182.25	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	1.400	
64	236.92	197.44	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	1.400	
65	255.15	212.62	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	1.400	
66	291.60	243.00	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	1.390	
67	328.05	273.37	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	1.380	
68	364.50	303.75	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	1.370	
69	400.95	334.12	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	1.360	
70	437.40	364.50	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	1.350	
71	492.07	410.07	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	1.340	
72	546.75	455.62	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	1.330	
73	601.42	501.19	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	1.320	
74	656.10	546.75	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	1.310	
75	710.77	592.32	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	1.300	
76	820.12	683.44	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	1.300	
77	929.47	774.57	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	1.300	
78	1,038.82	865.69	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	1.300	
79	1,148.17	956.82	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	1.300	
80	1,257.52	1,047.94	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	1.300	
81	1,366.87	1,139.07	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	1.300	
82	1,476.22	1,230.19	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	1.300	
83	1,585.57	1,321.32	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	1.300	
84	1,694.92	1,412.44	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	1.300	

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6302-P-VA(Q)&(NQ) - Comprehensive LTC
Policies Issued Before October 1, 2003
Rate Increases

Attachment B2.3

Issue Age	Comprehensive LTC Per \$10 NC + \$10 HCBC Increase Percentage	Comprehensive LTC Per \$10 NC + \$5 HCBC Increase Percentage
40	50 %	50 %
41	50%	50%
42	50%	50%
43	50%	50%
44	50%	50%
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67	50%	50%
68	50%	50%
69	50%	50%
70	50 %	50 %
71	50%	50%
72	50%	50%
73	50%	50%
74	50%	50%
75	50 %	50 %
76	50%	50%
77	50%	50%
78	50%	50%
79	50%	50%
80	50 %	50 %
81	50%	50%
82	50%	50%
83	50%	50%
84	50%	50%

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q)&(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Attachment B3.0.1

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	26.78	1.468	1.360	1.130	3.380	3.380	2.440
41	27.67	1.481	1.370	1.135	3.320	3.320	2.370
42	28.56	1.494	1.380	1.140	3.270	3.270	2.300
43	29.45	1.507	1.390	1.145	3.210	3.210	2.240
44	30.35	1.520	1.400	1.150	3.160	3.160	2.170
45	31.24	1.533	1.410	1.155	3.100	3.100	2.140
46	33.02	1.546	1.420	1.160	3.040	3.040	2.100
47	34.81	1.559	1.430	1.165	2.990	2.990	2.070
48	36.59	1.572	1.440	1.170	2.930	2.930	2.040
49	38.38	1.585	1.450	1.175	2.880	2.880	2.000
50	40.16	1.598	1.460	1.180	2.820	2.820	1.970
51	42.84	1.611	1.470	1.185	2.770	2.770	1.940
52	45.52	1.624	1.480	1.190	2.660	2.660	1.910
53	48.20	1.637	1.490	1.195	2.550	2.550	1.880
54	50.87	1.650	1.500	1.200	2.440	2.440	1.860
55	53.55	1.676	1.520	1.205	2.330	2.330	1.830
56	58.91	1.702	1.540	1.210	2.210	2.210	1.790
57	64.26	1.728	1.560	1.215	2.100	2.100	1.760
58	69.62	1.754	1.580	1.220	1.990	1.990	1.730
59	74.97	1.780	1.600	1.225	1.880	1.880	1.690
60	80.33	1.806	1.620	1.230	1.770	1.770	1.660
61	89.25	1.832	1.640	1.235	1.750	1.750	1.640
62	98.18	1.858	1.660	1.240	1.730	1.730	1.630
63	107.10	1.884	1.680	1.245	1.710	1.710	1.610
64	116.03	1.910	1.700	1.250	1.670	1.670	1.580
65	124.95	1.923	1.710	1.260	1.610	1.610	1.520
66	142.80	1.936	1.720	1.270	1.560	1.560	1.480
67	160.65	1.949	1.730	1.280	1.520	1.520	1.450
68	178.50	1.962	1.740	1.290	1.480	1.480	1.410
69	196.35	1.975	1.750	1.300	1.440	1.440	1.380
70	214.20	1.988	1.760	1.310	1.400	1.400	1.340
71	237.53	2.001	1.770	1.320	1.380	1.380	1.330
72	260.10	2.014	1.780	1.330	1.360	1.360	1.320
73	281.90	2.027	1.790	1.340	1.340	1.340	1.300
74	302.94	2.040	1.800	1.350	1.320	1.320	1.290
75	323.21	2.053	1.810	1.355	1.300	1.300	1.280
76	367.20	2.066	1.820	1.360	1.290	1.290	1.270
77	409.66	2.079	1.830	1.365	1.280	1.280	1.260
78	450.59	2.092	1.840	1.370	1.270	1.270	1.250
79	489.98	2.105	1.850	1.375	1.260	1.260	1.240
80	527.85	2.118	1.860	1.380	1.250	1.250	1.230
81	568.97	2.131	1.870	1.385	1.240	1.240	1.220
82	609.32	2.144	1.880	1.390	1.230	1.230	1.210
83	648.91	2.157	1.890	1.395	1.220	1.220	1.200
84	687.74	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q)&(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Attachment B3.0.2

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	40.17	1.468	1.360	1.130	3.380	3.380	2.440
41	41.50	1.481	1.370	1.135	3.320	3.320	2.370
42	42.84	1.494	1.380	1.140	3.270	3.270	2.300
43	44.17	1.507	1.390	1.145	3.210	3.210	2.240
44	45.52	1.520	1.400	1.150	3.160	3.160	2.170
45	46.86	1.533	1.410	1.155	3.100	3.100	2.140
46	49.53	1.546	1.420	1.160	3.040	3.040	2.100
47	52.21	1.559	1.430	1.165	2.990	2.990	2.070
48	54.88	1.572	1.440	1.170	2.930	2.930	2.040
49	57.57	1.585	1.450	1.175	2.880	2.880	2.000
50	60.24	1.598	1.460	1.180	2.820	2.820	1.970
51	64.26	1.611	1.470	1.185	2.770	2.770	1.940
52	68.28	1.624	1.480	1.190	2.660	2.660	1.910
53	72.30	1.637	1.490	1.195	2.550	2.550	1.880
54	76.30	1.650	1.500	1.200	2.440	2.440	1.860
55	80.32	1.676	1.520	1.205	2.330	2.330	1.830
56	88.36	1.702	1.540	1.210	2.210	2.210	1.790
57	96.39	1.728	1.560	1.215	2.100	2.100	1.760
58	104.43	1.754	1.580	1.220	1.990	1.990	1.730
59	112.45	1.780	1.600	1.225	1.880	1.880	1.690
60	120.49	1.806	1.620	1.230	1.770	1.770	1.660
61	133.87	1.832	1.640	1.235	1.750	1.750	1.640
62	147.27	1.858	1.660	1.240	1.730	1.730	1.630
63	160.65	1.884	1.680	1.245	1.710	1.710	1.610
64	174.04	1.910	1.700	1.250	1.670	1.670	1.580
65	187.42	1.923	1.710	1.260	1.610	1.610	1.520
66	214.20	1.936	1.720	1.270	1.560	1.560	1.480
67	240.97	1.949	1.730	1.280	1.520	1.520	1.450
68	267.75	1.962	1.740	1.290	1.480	1.480	1.410
69	294.52	1.975	1.750	1.300	1.440	1.440	1.380
70	321.30	1.988	1.760	1.310	1.400	1.400	1.340
71	356.29	2.001	1.770	1.320	1.380	1.380	1.330
72	390.15	2.014	1.780	1.330	1.360	1.360	1.320
73	422.85	2.027	1.790	1.340	1.340	1.340	1.300
74	454.41	2.040	1.800	1.350	1.320	1.320	1.290
75	484.81	2.053	1.810	1.355	1.300	1.300	1.280
76	550.80	2.066	1.820	1.360	1.290	1.290	1.270
77	614.49	2.079	1.830	1.365	1.280	1.280	1.260
78	675.88	2.092	1.840	1.370	1.270	1.270	1.250
79	734.97	2.105	1.850	1.375	1.260	1.260	1.240
80	791.77	2.118	1.860	1.380	1.250	1.250	1.230
81	853.45	2.131	1.870	1.385	1.240	1.240	1.220
82	913.98	2.144	1.880	1.390	1.230	1.230	1.210
83	973.36	2.157	1.890	1.395	1.220	1.220	1.200
84	1,031.61	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q)&(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period

Attachment B3.30.1

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	21.04	1.468	1.360	1.130	3.940	3.940	2.800
41	21.74	1.481	1.370	1.135	3.880	3.880	2.740
42	22.44	1.494	1.380	1.140	3.800	3.800	2.680
43	23.14	1.507	1.390	1.145	3.700	3.700	2.610
44	23.84	1.520	1.400	1.150	3.600	3.600	2.530
45	24.54	1.533	1.410	1.155	3.500	3.500	2.490
46	25.95	1.546	1.420	1.160	3.400	3.400	2.440
47	27.35	1.559	1.430	1.165	3.300	3.300	2.380
48	28.75	1.572	1.440	1.170	3.200	3.200	2.320
49	30.15	1.585	1.450	1.175	3.100	3.100	2.260
50	31.56	1.598	1.460	1.180	3.000	3.000	2.200
51	33.66	1.611	1.470	1.185	2.920	2.920	2.140
52	35.76	1.624	1.480	1.190	2.840	2.840	2.080
53	37.87	1.637	1.490	1.195	2.760	2.760	2.020
54	39.97	1.650	1.500	1.200	2.680	2.680	1.960
55	42.08	1.676	1.520	1.205	2.600	2.600	1.900
56	46.28	1.702	1.540	1.210	2.550	2.550	1.860
57	50.49	1.728	1.560	1.215	2.450	2.450	1.820
58	54.70	1.754	1.580	1.220	2.330	2.330	1.780
59	58.91	1.780	1.600	1.225	2.200	2.200	1.740
60	63.11	1.806	1.620	1.230	2.070	2.070	1.700
61	70.13	1.832	1.640	1.235	2.040	2.040	1.670
62	77.14	1.858	1.660	1.240	2.020	2.020	1.640
63	84.15	1.884	1.680	1.245	1.990	1.990	1.610
64	91.16	1.910	1.700	1.250	1.950	1.950	1.580
65	98.18	1.923	1.710	1.260	1.880	1.880	1.550
66	112.20	1.936	1.720	1.270	1.830	1.830	1.520
67	126.23	1.949	1.730	1.280	1.780	1.780	1.490
68	140.25	1.962	1.740	1.290	1.730	1.730	1.460
69	154.28	1.975	1.750	1.300	1.680	1.680	1.430
70	168.30	1.988	1.760	1.310	1.630	1.630	1.400
71	189.34	2.001	1.770	1.320	1.590	1.590	1.390
72	210.38	2.014	1.780	1.330	1.540	1.540	1.380
73	231.41	2.027	1.790	1.340	1.500	1.500	1.370
74	252.45	2.040	1.800	1.350	1.450	1.450	1.360
75	273.49	2.053	1.810	1.355	1.410	1.410	1.350
76	315.56	2.066	1.820	1.360	1.380	1.380	1.340
77	357.64	2.079	1.830	1.365	1.340	1.340	1.320
78	399.71	2.092	1.840	1.370	1.310	1.310	1.290
79	441.79	2.105	1.850	1.375	1.280	1.280	1.260
80	483.86	2.118	1.860	1.380	1.250	1.250	1.230
81	521.55	2.131	1.870	1.385	1.240	1.240	1.220
82	558.55	2.144	1.880	1.390	1.230	1.230	1.210
83	594.84	2.157	1.890	1.395	1.220	1.220	1.200
84	630.42	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q)&(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period

Attachment B3.30.2

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	31.56	1.468	1.360	1.130	3.940	3.940	2.800
41	32.61	1.481	1.370	1.135	3.880	3.880	2.740
42	33.66	1.494	1.380	1.140	3.800	3.800	2.680
43	34.71	1.507	1.390	1.145	3.700	3.700	2.610
44	35.76	1.520	1.400	1.150	3.600	3.600	2.530
45	36.81	1.533	1.410	1.155	3.500	3.500	2.490
46	38.92	1.546	1.420	1.160	3.400	3.400	2.440
47	41.02	1.559	1.430	1.165	3.300	3.300	2.380
48	43.12	1.572	1.440	1.170	3.200	3.200	2.320
49	45.22	1.585	1.450	1.175	3.100	3.100	2.260
50	47.34	1.598	1.460	1.180	3.000	3.000	2.200
51	50.49	1.611	1.470	1.185	2.920	2.920	2.140
52	53.64	1.624	1.480	1.190	2.840	2.840	2.080
53	56.80	1.637	1.490	1.195	2.760	2.760	2.020
54	59.95	1.650	1.500	1.200	2.680	2.680	1.960
55	63.12	1.676	1.520	1.205	2.600	2.600	1.900
56	69.42	1.702	1.540	1.210	2.550	2.550	1.860
57	75.73	1.728	1.560	1.215	2.450	2.450	1.820
58	82.05	1.754	1.580	1.220	2.330	2.330	1.780
59	88.36	1.780	1.600	1.225	2.200	2.200	1.740
60	94.66	1.806	1.620	1.230	2.070	2.070	1.700
61	105.19	1.832	1.640	1.235	2.040	2.040	1.670
62	115.71	1.858	1.660	1.240	2.020	2.020	1.640
63	126.22	1.884	1.680	1.245	1.990	1.990	1.610
64	136.74	1.910	1.700	1.250	1.950	1.950	1.580
65	147.27	1.923	1.710	1.260	1.880	1.880	1.550
66	168.30	1.936	1.720	1.270	1.830	1.830	1.520
67	189.34	1.949	1.730	1.280	1.780	1.780	1.490
68	210.37	1.962	1.740	1.290	1.730	1.730	1.460
69	231.42	1.975	1.750	1.300	1.680	1.680	1.430
70	252.45	1.988	1.760	1.310	1.630	1.630	1.400
71	284.01	2.001	1.770	1.320	1.590	1.590	1.390
72	315.57	2.014	1.780	1.330	1.540	1.540	1.380
73	347.11	2.027	1.790	1.340	1.500	1.500	1.370
74	378.67	2.040	1.800	1.350	1.450	1.450	1.360
75	410.23	2.053	1.810	1.355	1.410	1.410	1.350
76	473.34	2.066	1.820	1.360	1.380	1.380	1.340
77	536.46	2.079	1.830	1.365	1.340	1.340	1.320
78	599.56	2.092	1.840	1.370	1.310	1.310	1.290
79	662.68	2.105	1.850	1.375	1.280	1.280	1.260
80	725.79	2.118	1.860	1.380	1.250	1.250	1.230
81	782.32	2.131	1.870	1.385	1.240	1.240	1.220
82	837.82	2.144	1.880	1.390	1.230	1.230	1.210
83	892.26	2.157	1.890	1.395	1.220	1.220	1.200
84	945.63	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q)&(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period
 Attachment B3.90.1

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	17.53	1.468	1.360	1.130	4.000	4.000	2.800
41	18.12	1.481	1.370	1.135	3.900	3.900	2.740
42	18.70	1.494	1.380	1.140	3.800	3.800	2.680
43	19.28	1.507	1.390	1.145	3.700	3.700	2.620
44	19.87	1.520	1.400	1.150	3.600	3.600	2.560
45	20.45	1.533	1.410	1.155	3.500	3.500	2.500
46	21.62	1.546	1.420	1.160	3.400	3.400	2.440
47	22.79	1.559	1.430	1.165	3.300	3.300	2.380
48	23.96	1.572	1.440	1.170	3.200	3.200	2.320
49	25.13	1.585	1.450	1.175	3.100	3.100	2.260
50	26.30	1.598	1.460	1.180	3.000	3.000	2.200
51	28.05	1.611	1.470	1.185	2.920	2.920	2.140
52	29.80	1.624	1.480	1.190	2.840	2.840	2.080
53	31.56	1.637	1.490	1.195	2.760	2.760	2.020
54	33.31	1.650	1.500	1.200	2.680	2.680	1.960
55	35.06	1.676	1.520	1.205	2.600	2.600	1.900
56	38.57	1.702	1.540	1.210	2.550	2.550	1.860
57	42.08	1.728	1.560	1.215	2.500	2.500	1.820
58	45.58	1.754	1.580	1.220	2.450	2.450	1.780
59	49.09	1.780	1.600	1.225	2.400	2.400	1.740
60	52.59	1.806	1.620	1.230	2.250	2.250	1.700
61	58.44	1.832	1.640	1.235	2.230	2.230	1.670
62	64.28	1.858	1.660	1.240	2.200	2.200	1.640
63	70.13	1.884	1.680	1.245	2.140	2.140	1.610
64	75.97	1.910	1.700	1.250	2.070	2.070	1.580
65	81.81	1.923	1.710	1.260	2.000	2.000	1.550
66	93.50	1.936	1.720	1.270	1.940	1.940	1.520
67	105.19	1.949	1.730	1.280	1.880	1.880	1.490
68	116.88	1.962	1.740	1.290	1.820	1.820	1.460
69	128.56	1.975	1.750	1.300	1.760	1.760	1.430
70	140.25	1.988	1.760	1.310	1.700	1.700	1.400
71	157.78	2.001	1.770	1.320	1.660	1.660	1.390
72	175.31	2.014	1.780	1.330	1.620	1.620	1.380
73	192.84	2.027	1.790	1.340	1.580	1.580	1.370
74	210.38	2.040	1.800	1.350	1.540	1.540	1.360
75	227.91	2.053	1.810	1.355	1.500	1.500	1.350
76	262.97	2.066	1.820	1.360	1.490	1.490	1.340
77	298.03	2.079	1.830	1.365	1.470	1.470	1.330
78	333.09	2.092	1.840	1.370	1.430	1.430	1.320
79	368.16	2.105	1.850	1.375	1.400	1.400	1.310
80	403.22	2.118	1.860	1.380	1.360	1.360	1.300
81	438.28	2.131	1.870	1.385	1.340	1.340	1.290
82	473.34	2.144	1.880	1.390	1.320	1.320	1.280
83	508.41	2.157	1.890	1.395	1.300	1.300	1.270
84	543.47	2.170	1.900	1.400	1.280	1.280	1.250

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q)&(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period
 Attachment B3.90.2

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	26.29	1.468	1.360	1.130	4.000	4.000	2.800
41	27.18	1.481	1.370	1.135	3.900	3.900	2.740
42	28.05	1.494	1.380	1.140	3.800	3.800	2.680
43	28.92	1.507	1.390	1.145	3.700	3.700	2.620
44	29.80	1.520	1.400	1.150	3.600	3.600	2.560
45	30.67	1.533	1.410	1.155	3.500	3.500	2.500
46	32.43	1.546	1.420	1.160	3.400	3.400	2.440
47	34.18	1.559	1.430	1.165	3.300	3.300	2.380
48	35.94	1.572	1.440	1.170	3.200	3.200	2.320
49	37.69	1.585	1.450	1.175	3.100	3.100	2.260
50	39.45	1.598	1.460	1.180	3.000	3.000	2.200
51	42.07	1.611	1.470	1.185	2.920	2.920	2.140
52	44.70	1.624	1.480	1.190	2.840	2.840	2.080
53	47.34	1.637	1.490	1.195	2.760	2.760	2.020
54	49.96	1.650	1.500	1.200	2.680	2.680	1.960
55	52.59	1.676	1.520	1.205	2.600	2.600	1.900
56	57.85	1.702	1.540	1.210	2.550	2.550	1.860
57	63.12	1.728	1.560	1.215	2.500	2.500	1.820
58	68.37	1.754	1.580	1.220	2.450	2.450	1.780
59	73.63	1.780	1.600	1.225	2.400	2.400	1.740
60	78.88	1.806	1.620	1.230	2.250	2.250	1.700
61	87.66	1.832	1.640	1.235	2.230	2.230	1.670
62	96.42	1.858	1.660	1.240	2.200	2.200	1.640
63	105.19	1.884	1.680	1.245	2.140	2.140	1.610
64	113.95	1.910	1.700	1.250	2.070	2.070	1.580
65	122.71	1.923	1.710	1.260	2.000	2.000	1.550
66	140.25	1.936	1.720	1.270	1.940	1.940	1.520
67	157.78	1.949	1.730	1.280	1.880	1.880	1.490
68	175.32	1.962	1.740	1.290	1.820	1.820	1.460
69	192.84	1.975	1.750	1.300	1.760	1.760	1.430
70	210.37	1.988	1.760	1.310	1.700	1.700	1.400
71	236.67	2.001	1.770	1.320	1.660	1.660	1.390
72	262.96	2.014	1.780	1.330	1.620	1.620	1.380
73	289.26	2.027	1.790	1.340	1.580	1.580	1.370
74	315.57	2.040	1.800	1.350	1.540	1.540	1.360
75	341.86	2.053	1.810	1.355	1.500	1.500	1.350
76	394.45	2.066	1.820	1.360	1.490	1.490	1.340
77	447.04	2.079	1.830	1.365	1.470	1.470	1.330
78	499.63	2.092	1.840	1.370	1.430	1.430	1.320
79	552.24	2.105	1.850	1.375	1.400	1.400	1.310
80	604.83	2.118	1.860	1.380	1.360	1.360	1.300
81	657.42	2.131	1.870	1.385	1.340	1.340	1.290
82	710.01	2.144	1.880	1.390	1.320	1.320	1.280
83	762.61	2.157	1.890	1.395	1.300	1.300	1.270
84	815.20	2.170	1.900	1.400	1.280	1.280	1.250

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6303-P-VA(Q)&(NQ) - HCBC Only
Policies Issued Before October 1, 2003
Rate Increases

Attachment B3.3

Issue Age	Increase Percentage		
	0-Day EP	30-Day EP	90-Day EP
40	50%	50%	50%
41	50%	50%	50%
42	50%	50%	50%
43	50%	50%	50%
44	50%	50%	50%
45	50%	50%	50%
46	50%	50%	50%
47	50%	50%	50%
48	50%	50%	50%
49	50%	50%	50%
50	50%	50%	50%
51	50%	50%	50%
52	50%	50%	50%
53	50%	50%	50%
54	50%	50%	50%
55	50%	50%	50%
56	50%	50%	50%
57	50%	50%	50%
58	50%	50%	50%
59	50%	50%	50%
60	50%	50%	50%
61	50%	50%	50%
62	50%	50%	50%
63	50%	50%	50%
64	50%	50%	50%
65	50%	50%	50%
66	50%	50%	50%
67	50%	50%	50%
68	50%	50%	50%
69	50%	50%	50%
70	50%	50%	50%
71	50%	50%	50%
72	50%	50%	50%
73	50%	50%	50%
74	50%	50%	50%
75	50%	50%	50%
76	50%	50%	50%
77	50%	50%	50%
78	50%	50%	50%
79	50%	50%	50%
80	50%	50%	50%
81	50%	50%	50%
82	50%	50%	50%
83	50%	50%	50%
84	50%	50%	50%

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment C
Lapse Rates

Duration	Exposure*	Lapses	Actual Lapse Rates	Expected** Lapse Rates	Best Estimate Lapse Rates
1	31,152	1,638	5.26%	15.00%	5.00%
2	29,573	1,127	3.81%	10.00%	3.75%
3	28,521	745	2.61%	7.50%	2.50%
4	27,783	477	1.72%	5.00%	1.75%
5	27,243	362	1.33%	5.00%	1.50%
6	26,678	335	1.26%	5.00%	1.25%
7	25,904	319	1.23%	5.00%	1.00%
8	25,103	320	1.27%	5.00%	1.00%
9	24,427	265	1.08%	5.00%	1.00%
10	23,763	195	0.82%	5.00%	1.00%
11	23,093	177	0.77%	5.00%	1.00%
12	21,541	170	0.79%	5.00%	1.00%
13	17,611	145	0.82%	5.00%	1.00%
14	11,137	80	0.72%	5.00%	1.00%
15	6,659	38	0.57%	5.00%	1.00%
16	3,611	16	0.44%	5.00%	1.00%
17	1,133	9	0.79%	5.00%	1.00%
18	49	0	0.00%	5.00%	1.00%
Total/Average***	354,981	6,418	1.81%	6.49%	1.82%

*Exposure: Lifetime pay policies only

**Expected: Original pricing

***Average: Based on actual exposure

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment D1
Mortality

Attained Age	Exposure	Actual Mortality	Expected Mortality*	Best Estimate**	Actual to Expected	Actual to Best Estimate
<45	11,523	6	16	2	0.38	2.57
45-54	69,643	50	175	38	0.29	1.32
55-64	210,181	427	1,147	404	0.37	1.06
65-74	202,561	1,141	2,646	1332	0.43	0.86
75-84	58,605	1,122	1,776	1134	0.63	0.99
85+	5,951	391	413	359	0.95	1.09
Total	558,463	3,137	6,172	3,269	0.51	0.96

*Expected: Original Pricing Assumption -- 1975-80 Select and Ultimate

**Best Estimate: see actuarial memorandum 9b

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment D2
Mortality Selection Factors

Policy Duration	Selection Factors	
	Single	Joint
1	0.30	0.23
2	0.35	0.26
3	0.40	0.30
4	0.45	0.34
5	0.49	0.37
6	0.53	0.40
7	0.56	0.42
8	0.59	0.44
9	0.62	0.47
10	0.65	0.49
11	0.68	0.53
12	0.71	0.58
13	0.74	0.63
14	0.77	0.67
15	0.80	0.72
16	0.82	0.77
17	0.84	0.81
18	0.88	0.86
19	0.92	0.91
20	0.96	0.95
21	1.00	1.00

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E1.1
Incidence Rates Per 100

Best Estimate Incidence Rates				Original Pricing Incidence Rates		Ratio of Best Estimate to Original Pricing		Inforce Adjustment Factor**
Attained Age	Unisex*			Attained Age	Unisex	Attained Age	Unisex	Unisex
	Nursing Care	Home and Community Based Care	Assisted Living Facility					
40	0.0156	0.0195	0.0047	40	0.0240	40	65%	0.9993
41	0.0169	0.0211	0.0051	41	0.0260	41	65%	0.9992
42	0.0183	0.0229	0.0055	42	0.0282	42	65%	0.9992
43	0.0199	0.0249	0.0060	43	0.0306	43	65%	0.9991
44	0.0216	0.0270	0.0065	44	0.0332	44	65%	0.9991
45	0.0234	0.0293	0.0070	45	0.0360	45	65%	0.9990
46	0.0254	0.0317	0.0076	46	0.0390	46	65%	0.9989
47	0.0275	0.0344	0.0083	47	0.0423	47	65%	0.9988
48	0.0298	0.0373	0.0090	48	0.0459	48	65%	0.9987
49	0.0324	0.0405	0.0097	49	0.0498	49	65%	0.9986
50	0.0351	0.0439	0.0105	50	0.0540	50	65%	0.9984
51	0.0389	0.0486	0.0117	51	0.0598	51	65%	0.9983
52	0.0431	0.0539	0.0129	52	0.0663	52	65%	0.9981
53	0.0478	0.0597	0.0143	53	0.0735	53	65%	0.9979
54	0.0530	0.0662	0.0159	54	0.0815	54	65%	0.9977
55	0.0587	0.0734	0.0176	55	0.0903	55	65%	0.9975
56	0.0651	0.0813	0.0195	56	0.1001	56	65%	0.9972
57	0.0721	0.0901	0.0216	57	0.1109	57	65%	0.9969
58	0.0799	0.0916	0.0232	58	0.1229	58	65%	0.9966
59	0.0886	0.0904	0.0257	59	0.1362	59	65%	0.9963
60	0.0982	0.0909	0.0275	60	0.1510	60	65%	0.9958
61	0.1165	0.0980	0.0315	61	0.1792	61	65%	0.9954
62	0.1383	0.1072	0.0373	62	0.2127	62	65%	0.9949
63	0.1641	0.1164	0.0427	63	0.2525	63	65%	0.9943
64	0.1948	0.1192	0.0506	64	0.2997	64	65%	0.9937
65	0.2312	0.1260	0.0578	65	0.3557	65	65%	0.9930
66	0.2744	0.1339	0.0659	66	0.4222	66	65%	0.9922
67	0.3257	0.1404	0.0782	67	0.5011	67	65%	0.9913
68	0.3866	0.1481	0.0889	68	0.5948	68	65%	0.9902
69	0.4589	0.1491	0.1056	69	0.7060	69	65%	0.9889
70	0.5447	0.1563	0.1198	70	0.8380	70	65%	0.9873
71	0.6449	0.1612	0.1419	71	0.9922	71	65%	0.9854
72	0.7636	0.1848	0.1603	72	1.1747	72	65%	0.9831
73	0.9040	0.1944	0.1898	73	1.3908	73	65%	0.9802
74	1.0704	0.2109	0.2141	74	1.6467	74	65%	0.9767
75	1.2673	0.2142	0.2535	75	1.9497	75	65%	0.9724
76	1.5004	0.2266	0.2851	76	2.3083	76	65%	0.9674
77	1.7765	0.2363	0.3375	77	2.7330	77	65%	0.9613
78	2.1033	0.2419	0.3996	78	3.2358	78	65%	0.9542
79	2.4903	0.2914	0.4482	79	3.8312	79	65%	0.9459
80	2.9484	0.2919	0.5307	80	4.5360	80	65%	0.9364
81	3.2708	0.2976	0.5560	81	4.9699	81	66%	0.9255
82	3.6280	0.3011	0.6168	82	5.4454	82	67%	0.9132
83	4.0236	0.2615	0.6840	83	5.9664	83	67%	0.8994
84	4.4616	0.2989	0.7139	84	6.5372	84	68%	0.8844
85	4.9466	0.2919	0.7915	85	7.1626	85	69%	0.8678
86	5.4836	0.3400	0.8225	86	7.8478	86	70%	0.8500
87	6.0781	0.3282	0.9117	87	8.5986	87	71%	0.8310
88	6.7361	0.3099	1.0104	88	9.4212	88	72%	0.8106
89	7.4644	0.3583	1.0450	89	10.3225	89	72%	0.7894
90	8.2704	0.3308	1.1579	90	11.3100	90	73%	0.7683
91	8.9851	0.3774	1.2579	91	12.0377	91	75%	0.7467
92	9.7604	0.4295	1.2689	92	12.8123	92	76%	0.7246
93	10.6013	0.3816	1.3782	93	13.6367	93	78%	0.7020
94	11.5134	0.4490	1.4967	94	14.5141	94	79%	0.6789
95	12.5024	0.5126	1.6253	95	15.4480	95	81%	0.6572
96	13.5750	0.5837	1.6290	96	16.4420	96	83%	0.6357
97	14.7379	0.6779	1.7686	97	17.5000	97	84%	0.6152
98	15.4855	0.7433	1.8583	98	18.6686	98	83%	0.5940
99	16.2692	0.9924	1.7896	99	19.8602	99	82%	0.5737
100	17.0909	1.0938	1.8800	100	20.7300	100	82%	0.5514
101	17.7797	1.1735	1.9558	101	21.1791	101	84%	0.5322
102	18.2250	1.2575	2.0048	102	21.6379	102	84%	0.5136
103	18.6798	1.5131	1.8680	103	22.1067	103	84%	0.4959
104	19.1440	1.6081	1.9144	104	22.5856	104	85%	0.4789
105	19.6180	1.7068	1.9618	105	23.0749	105	85%	0.4628
106	20.1020	1.7891	2.0102	106	23.5748	106	85%	0.4474
107	20.5960	1.8948	2.0596	107	24.0856	107	86%	0.4329
108	21.1003	2.0045	2.1100	108	24.6074	108	86%	0.4191
109	21.6151	2.0967	2.1615	109	25.1404	109	86%	0.4060
110	22.1406	2.2141	2.2141	110	25.6851	110	86%	0.3939

*Unisex rates based on 30% Male and 70% Female

**Adjustment factors to account for the fact that claim incidence is not reflected in the inforce count. See actuarial memorandum section 9.c "Inforce Adjustment Factors"

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E1.2
Length of Stay Per \$1 of Daily Benefit

Best Estimate Length of Stay*			Original Pricing Length of Stay**			Best Estimate / Original Pricing		
Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA
40	1,011.74	1,152.91	40	782.48	924.57	40	129%	125%
41	935.49	1,066.19	41	768.35	910.81	41	122%	117%
42	866.17	987.66	42	755.40	898.78	42	115%	110%
43	803.26	916.70	43	743.68	888.68	43	108%	103%
44	746.29	852.84	44	733.30	880.82	44	102%	97%
45	694.89	795.66	45	724.43	875.66	45	96%	91%
46	648.75	744.88	46	717.33	873.91	46	90%	85%
47	607.63	700.34	47	712.38	876.68	47	85%	80%
48	571.42	662.03	48	710.23	885.71	48	80%	75%
49	540.13	630.20	49	711.84	903.72	49	76%	70%
50	513.97	605.45	50	718.76	935.09	50	72%	65%
51	507.57	592.61	51	708.18	914.05	51	72%	65%
52	503.54	585.74	52	698.33	894.54	52	72%	65%
53	500.00	579.70	53	689.16	876.45	53	73%	66%
54	496.90	574.40	54	680.62	859.66	54	73%	67%
55	494.17	569.71	55	672.68	844.10	55	73%	67%
56	491.76	565.57	56	665.29	829.66	56	74%	68%
57	489.64	561.89	57	658.42	816.27	57	74%	69%
58	487.78	558.62	58	652.04	803.85	58	75%	69%
59	486.14	555.72	59	646.11	792.33	59	75%	70%
60	484.70	553.13	60	640.60	781.66	60	76%	71%
61	496.07	565.79	61	615.21	742.04	61	81%	76%
62	507.91	579.10	62	592.55	707.71	62	86%	82%
63	520.19	592.96	63	571.97	677.10	63	91%	88%
64	532.91	607.34	64	553.16	649.64	64	96%	93%
65	546.05	622.26	65	535.88	624.82	65	102%	100%
66	559.64	637.72	66	519.92	602.27	66	108%	106%
67	573.68	653.71	67	505.11	581.67	67	114%	112%
68	588.18	670.26	68	491.32	562.74	68	120%	119%
69	603.15	687.38	69	478.43	545.27	69	126%	126%
70	618.62	705.09	70	466.33	529.08	70	133%	133%
71	625.28	711.29	71	458.89	518.57	71	136%	137%
72	632.29	717.93	72	452.06	509.02	72	140%	141%
73	639.60	724.94	73	445.77	500.30	73	143%	145%
74	647.21	732.30	74	439.97	492.33	74	147%	149%
75	655.12	740.02	75	434.61	485.02	75	151%	153%
76	663.34	748.09	76	429.66	478.31	76	154%	156%
77	671.85	756.51	77	425.07	472.13	77	158%	160%
78	680.67	765.29	78	420.82	466.43	78	162%	164%
79	689.80	774.42	79	416.87	461.17	79	165%	168%
80	699.23	783.90	80	413.21	456.30	80	169%	172%
81	685.05	764.40	81	408.75	449.31	81	168%	170%
82	672.86	747.81	82	405.96	445.34	82	166%	168%
83	662.16	733.28	83	403.48	441.82	83	164%	166%
84	652.71	720.46	84	401.24	438.68	84	163%	164%
85	644.33	709.10	85	399.21	435.83	85	161%	163%
86	636.87	698.99	86	397.35	433.22	86	160%	161%
87	630.21	689.96	87	395.63	430.82	87	159%	160%
88	624.26	681.88	88	394.03	428.60	88	158%	159%
89	618.93	674.63	89	392.55	426.53	89	158%	158%
90	614.16	668.12	90	391.16	424.59	90	157%	157%
91	584.56	634.34	91	382.48	415.08	91	153%	153%
92	557.51	603.71	92	374.17	406.00	92	149%	149%
93	532.51	575.50	93	366.20	397.30	93	145%	145%
94	509.35	549.45	94	358.55	388.96	94	142%	141%
95	487.85	525.34	95	351.21	380.95	95	139%	138%
96	467.86	502.97	96	344.16	373.28	96	136%	135%
97	449.23	482.18	97	337.40	365.91	97	133%	132%
98	431.85	462.82	98	330.91	358.85	98	131%	129%
99	415.62	444.77	99	324.68	352.09	99	128%	126%
100	400.43	427.91	100	318.89	345.91	100	126%	124%
101	400.43	427.91	101	283.99	295.45	101	141%	145%
102	400.43	427.91	102	283.99	295.45	102	141%	145%
103	400.43	427.91	103	283.99	295.45	103	141%	145%
104	400.43	427.91	104	283.99	295.45	104	141%	145%
105	400.43	427.91	105	283.99	295.45	105	141%	145%
106	400.43	427.91	106	283.99	295.45	106	141%	145%
107	400.43	427.91	107	283.99	295.45	107	141%	145%
108	400.43	427.91	108	283.99	295.45	108	141%	145%
109	400.43	427.91	109	283.99	295.45	109	141%	145%
110	400.43	427.91	110	283.99	295.45	110	141%	145%

* Based on SOA LTC Intercompany Study 1984-2007 Report and reinsurer's experiences. 5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

** 1985 National Nursing Home Survey table 11, linearly interpolated between age group. 5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E2.1
Actual to Expected Incidence Rates

Duration	Exposure	Actual	Expected*	Actual to Expected
1	46,735	58	134	0.43
2	44,795	81	143	0.57
3	43,496	98	156	0.63
4	42,567	101	172	0.59
5	41,906	105	191	0.55
6	41,228	142	212	0.67
7	40,321	191	234	0.82
8	39,401	231	257	0.90
9	38,641	244	282	0.86
10	37,892	291	310	0.94
11	37,144	286	339	0.84
12	35,532	315	363	0.87
13	29,789	285	352	0.81
14	19,174	261	268	0.97
15	11,923	155	187	0.83
16	6,123	94	111	0.85
17	1,723	35	37	0.94
18	73	0	2	0.00
Average	558,463	2,973	3,750	0.79

*Expected: Original pricing incidence

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E2.2
Actual to Expected Claim Termination

Duration	Claim Exposure*	Actual	Expected**	Actual to Expected
1st quarter	452	168	183	0.92
2nd quarter	577	119	127	0.94
3rd quarter	440	39	56	0.70
4th quarter	385	31	34	0.90
2	1,289	257	394	0.65
3	878	167	262	0.64
4	595	166	182	0.91
5	343	68	87	0.78
6	216	41	75	0.55
7	145	18	52	0.34
8	99	13	36	0.36
9	62	5	23	0.22
10	42	7	15	0.47
11	23	3	7	0.43
12	13	1	3	0.33
13	6	0	1	0.00
14	3	0	0	0.00
15	2	0	0	0.00
16	0	0	0	0.00
Total	5,569	1,103	1,537	0.72

*Exposure not counted when a claim in elimination period

**Expected: Original pricing continuance - 1985 NHS Survey Table 11, Unisex

Lincoln Benefit Life Company
Nationwide Experience Projection*
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued Before October 1, 2003

Attachment F

	Calendar Year	Before Proposed Increase			After Proposed Increase			at:	5.00%
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2015	Factor 1.0500
Historical Experience	1998	468,385	0	0%	468,385	0	0%	17.5	2.3486
	1999	4,486,447	91,658	2%	4,486,447	91,658	2%	16.5	2.2368
	2000	10,423,173	1,438,564	14%	10,423,173	1,438,564	14%	15.5	2.1303
	2001	18,002,509	1,270,388	7%	18,002,509	1,270,388	7%	14.5	2.0288
	2002	27,745,251	2,861,064	10%	27,745,251	2,861,064	10%	13.5	1.9322
	2003	37,950,950	2,560,780	7%	37,950,950	2,560,780	7%	12.5	1.8402
	2004	38,970,796	7,286,328	19%	38,970,796	7,286,328	19%	11.5	1.7526
	2005	37,239,786	7,240,895	19%	37,239,786	7,240,895	19%	10.5	1.6691
	2006	35,860,077	9,607,463	27%	35,860,077	9,607,463	27%	9.5	1.5896
	2007	36,455,122	13,011,337	36%	36,455,122	13,011,337	36%	8.5	1.5139
	2008	37,131,022	16,211,326	44%	37,131,022	16,211,326	44%	7.5	1.4418
	2009	38,278,943	16,037,499	42%	38,278,943	16,037,499	42%	6.5	1.3732
	2010	39,203,833	17,856,356	46%	39,203,833	17,856,356	46%	5.5	1.3078
	2011	39,772,065	26,505,396	67%	39,772,065	26,505,396	67%	4.5	1.2455
	2012	39,532,563	26,548,767	67%	39,532,563	26,548,767	67%	3.5	1.1862
Projected Future Experience	2013	37,525,517	23,909,019	64%	37,525,517	23,909,019	64%	2.5	1.1297
	2014	36,254,224	40,744,744	112%	36,254,224	40,744,744	112%	1.5	1.0759
	2015	35,194,025	38,616,758	110%	35,194,025	38,616,758	110%	0.5	1.0247
	2016	34,338,030	36,682,448	107%	41,233,964	35,909,122	87%	-0.5	0.9759
	2017	33,141,455	40,693,068	123%	46,452,721	38,932,196	84%	-1.5	0.9294
	2018	31,875,305	44,838,426	141%	44,678,022	42,847,679	96%	-2.5	0.8852
	2019	30,537,729	49,081,294	161%	42,803,208	46,846,507	109%	-3.5	0.8430
	2020	29,128,825	53,361,334	183%	40,828,417	50,871,435	125%	-4.5	0.8029
	2021	27,657,380	57,614,008	208%	38,765,967	54,861,635	142%	-5.5	0.7646
	2022	26,136,716	61,778,430	236%	36,634,528	58,760,595	160%	-6.5	0.7282
	2023	24,584,247	65,757,870	267%	34,458,510	62,478,136	181%	-7.5	0.6936
	2024	23,022,960	69,479,063	302%	32,270,132	65,946,503	204%	-8.5	0.6605
	2025	21,468,277	72,927,250	340%	30,091,010	69,153,347	230%	-9.5	0.6291
	2026	19,927,450	76,023,760	382%	27,931,310	72,025,370	258%	-10.5	0.5991
	2027	18,407,964	78,625,443	427%	25,801,522	74,428,526	288%	-11.5	0.5706
	2028	16,917,429	80,644,279	477%	23,712,315	76,280,924	322%	-12.5	0.5434
	2029	15,463,309	82,073,820	531%	21,674,147	77,577,493	358%	-13.5	0.5175
	2030	14,053,149	82,870,211	590%	19,697,596	78,277,857	397%	-14.5	0.4929
	2031	12,694,464	82,949,202	653%	17,793,196	78,303,668	440%	-15.5	0.4694
	2032	11,394,461	82,305,946	722%	15,971,046	77,651,295	486%	-16.5	0.4471
	2033	10,159,747	80,922,015	796%	14,240,409	76,304,209	536%	-17.5	0.4258
	2034	8,996,471	78,793,167	876%	12,609,904	74,259,221	589%	-18.5	0.4055
	2035	7,909,753	76,005,756	961%	11,086,706	71,598,201	646%	-19.5	0.3862
	2036	6,903,326	72,619,913	1052%	9,676,047	68,378,226	707%	-20.5	0.3678
	2037	5,979,660	68,676,185	1148%	8,381,390	64,637,778	771%	-21.5	0.3503
	2038	5,140,051	64,267,283	1250%	7,204,553	60,464,439	839%	-22.5	0.3336
	2039	4,384,280	59,565,153	1359%	6,145,226	56,019,902	912%	-23.5	0.3177
	2040	3,710,512	54,678,270	1474%	5,200,839	51,406,036	988%	-24.5	0.3026
	2041	3,115,780	49,674,865	1594%	4,367,233	46,686,887	1069%	-25.5	0.2882
	2042	2,596,053	44,674,635	1721%	3,638,757	41,974,727	1154%	-26.5	0.2745
	2043	2,146,317	39,804,120	1855%	3,008,385	37,387,971	1243%	-27.5	0.2614
	2044	1,760,986	35,134,585	1995%	2,468,285	32,993,162	1337%	-28.5	0.2489
	2045	1,434,021	30,748,196	2144%	2,009,996	28,867,039	1436%	-29.5	0.2371
	2046	1,159,183	26,696,064	2303%	1,624,768	25,057,164	1542%	-30.5	0.2258
	2047	930,290	23,009,942	2473%	1,303,941	21,592,870	1656%	-31.5	0.2150
	2048	741,354	19,676,847	2654%	1,039,119	18,461,609	1777%	-32.5	0.2048
	2049	586,713	16,704,044	2847%	822,366	15,669,833	1905%	-33.5	0.1951
	2050	461,193	14,080,792	3053%	646,432	13,207,097	2043%	-34.5	0.1858
	2051	360,105	11,782,827	3272%	504,741	11,050,363	2189%	-35.5	0.1769
	2052	279,330	9,782,472	3502%	391,523	9,173,455	2343%	-36.5	0.1685
	2053	215,256	8,057,337	3743%	301,713	7,555,120	2504%	-37.5	0.1605
	2054	164,818	6,584,334	3995%	231,017	6,173,551	2672%	-38.5	0.1528
	2055	125,347	5,334,795	4256%	175,692	5,001,767	2847%	-39.5	0.1456
Interest	Past	550,494,688	251,798,343	46%	550,494,688	251,798,343	46%		
	Future	460,009,696	2,014,979,452	438%	637,876,655	1,905,072,913	299%		
	Lifetime	1,010,504,384	2,266,777,796	224%	1,188,371,343	2,156,871,256	181%		
	5.00%								
Interest	Past w/ int	807,230,226	319,588,503	40%	807,230,226	319,588,503	40%		
	Future w/ int	309,067,111	1,001,383,622	324%	426,474,173	949,257,691	223%		
	Lifetime w/ int	1,116,297,337	1,320,972,125	118%	1,233,704,399	1,268,846,194	103%		

*Projection is for lifetime-pay policies only.

Lincoln Benefit Life Company
Virginia Experience Projection*
Policy Form: LB-6301-P-VA, LB-6302-P-VA, LB-6303-P-VA
Policies Issued Before October 1, 2003

Attachment G

	Calendar Year	Before Proposed Increase			After Proposed Increase			at:	5.00%
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2015	Factor 1.0500
Historical Experience	1998	13,619	0	0%	13,619	0	0%	17.5	2.3486
	1999	148,716	0	0%	148,716	0	0%	16.5	2.2368
	2000	321,415	0	0%	321,415	0	0%	15.5	2.1303
	2001	569,086	0	0%	569,086	0	0%	14.5	2.0288
	2002	934,437	6,746	1%	934,437	6,746	1%	13.5	1.9322
	2003	1,581,426	592	0%	1,581,426	592	0%	12.5	1.8402
	2004	1,696,131	0	0%	1,696,131	0	0%	11.5	1.7526
	2005	1,606,509	94,684	6%	1,606,509	94,684	6%	10.5	1.6691
	2006	1,547,980	268,893	17%	1,547,980	268,893	17%	9.5	1.5896
	2007	1,594,118	739,629	46%	1,594,118	739,629	46%	8.5	1.5139
	2008	1,571,943	960,594	61%	1,571,943	960,594	61%	7.5	1.4418
	2009	1,769,642	993,757	56%	1,769,642	993,757	56%	6.5	1.3732
	2010	1,848,331	78,378	4%	1,848,331	78,378	4%	5.5	1.3078
	2011	1,816,814	999,244	55%	1,816,814	999,244	55%	4.5	1.2455
	2012	1,760,823	1,011,967	57%	1,760,823	1,011,967	57%	3.5	1.1862
Projected Future Experience	2013	1,664,346	547,346	33%	1,664,346	547,346	33%	2.5	1.1297
	2014	1,600,977	2,156,182	135%	1,600,977	2,156,182	135%	1.5	1.0759
	2015	1,584,023	1,257,893	79%	1,584,023	1,257,893	79%	0.5	1.0247
	2016	1,525,480	1,331,183	87%	1,831,834	1,304,079	71%	-0.5	0.9759
	2017	1,482,691	1,514,756	102%	2,078,214	1,450,808	70%	-1.5	0.9294
	2018	1,437,065	1,712,698	119%	2,014,262	1,637,833	81%	-2.5	0.8852
	2019	1,388,391	1,919,739	138%	1,946,039	1,833,044	94%	-3.5	0.8430
	2020	1,336,484	2,134,692	160%	1,873,283	2,035,269	109%	-4.5	0.8029
	2021	1,281,375	2,357,401	184%	1,796,040	2,244,336	125%	-5.5	0.7646
	2022	1,223,316	2,577,238	211%	1,714,661	2,450,257	143%	-6.5	0.7282
	2023	1,162,750	2,793,739	240%	1,629,768	2,652,672	163%	-7.5	0.6936
	2024	1,100,452	3,005,970	273%	1,542,448	2,850,761	185%	-8.5	0.6605
	2025	1,037,169	3,211,881	310%	1,453,748	3,042,682	209%	-9.5	0.6291
	2026	973,190	3,410,912	350%	1,364,072	3,227,954	237%	-10.5	0.5991
	2027	908,773	3,593,521	395%	1,273,782	3,397,600	267%	-11.5	0.5706
	2028	844,246	3,750,857	444%	1,183,337	3,543,357	299%	-12.5	0.5434
	2029	779,987	3,877,425	497%	1,093,269	3,660,128	335%	-13.5	0.5175
	2030	716,408	3,972,042	554%	1,004,153	3,746,865	373%	-14.5	0.4929
	2031	653,913	4,034,315	617%	916,557	3,803,234	415%	-15.5	0.4694
	2032	592,983	4,056,563	684%	831,155	3,822,033	460%	-16.5	0.4471
	2033	534,074	4,039,128	756%	748,585	3,803,645	508%	-17.5	0.4258
	2034	477,599	3,982,340	834%	669,426	3,748,406	560%	-18.5	0.4055
	2035	423,949	3,889,130	917%	594,227	3,659,085	616%	-19.5	0.3862
	2036	373,465	3,764,405	1008%	523,467	3,540,320	676%	-20.5	0.3678
	2037	326,415	3,607,098	1105%	457,520	3,391,118	741%	-21.5	0.3503
	2038	283,012	3,419,459	1208%	396,684	3,213,594	810%	-22.5	0.3336
	2039	243,404	3,205,478	1317%	341,167	3,011,517	883%	-23.5	0.3177
	2040	207,634	2,973,217	1432%	291,030	2,792,466	960%	-24.5	0.3026
	2041	175,673	2,729,336	1554%	246,232	2,562,680	1041%	-25.5	0.2882
	2042	147,416	2,478,233	1681%	206,625	2,326,289	1126%	-26.5	0.2745
	2043	122,702	2,224,422	1813%	171,985	2,087,523	1214%	-27.5	0.2614
	2044	101,318	1,975,763	1950%	142,012	1,853,736	1305%	-28.5	0.2489
	2045	83,009	1,738,306	2094%	116,349	1,630,586	1401%	-29.5	0.2371
	2046	67,489	1,516,603	2247%	94,595	1,422,325	1504%	-30.5	0.2258
	2047	54,462	1,311,705	2408%	76,337	1,229,918	1611%	-31.5	0.2150
	2048	43,641	1,126,322	2581%	61,169	1,055,891	1726%	-32.5	0.2048
	2049	34,730	958,611	2760%	48,680	898,503	1846%	-33.5	0.1951
	2050	27,459	809,453	2948%	38,488	758,568	1971%	-34.5	0.1858
	2051	21,574	678,447	3145%	30,239	635,698	2102%	-35.5	0.1769
	2052	16,851	564,502	3350%	23,619	528,856	2239%	-36.5	0.1685
	2053	13,093	466,155	3560%	18,352	436,661	2379%	-37.5	0.1605
	2054	10,119	382,221	3777%	14,184	357,995	2524%	-38.5	0.1528
	2055	7,781	312,088	4011%	10,906	292,273	2680%	-39.5	0.1456
Interest	Past	23,630,337	9,115,904	39%	23,630,337	9,115,904	39%		
	Future	22,241,540	97,407,354	438%	30,868,500	91,940,563	298%		
	Lifetime	45,871,876	106,523,258	232%	54,498,836	101,056,467	185%		
Interest	5.00%								
	Past w/ int	34,139,109	11,243,708	33%	34,139,109	11,243,708	33%		
	Future w/ int	14,626,277	46,064,636	315%	20,201,950	43,595,066	216%		
	Lifetime w/ int	48,765,386	57,308,344	118%	54,341,059	54,838,774	101%		

*Projection is for lifetime-pay policies only.

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued Before October 1, 2003

Attachment H1
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience*
Nationwide

Policy Duration	Earned Premium**	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate Durational Loss Ratio	Actual and Best Estimate Cumulative Loss Ratio	Expected Cumulative Loss Ratio	Actual and Best Estimate to Expected Cumulative Loss Ratio
1	39,901,083	3,390,749	27,489	53	8.50%	8.29%	5.79%	1.43
2	39,157,240	2,707,917	26,178	72	6.92%	7.55%	8.07%	0.94
3	38,429,101	4,623,418	25,342	75	12.03%	8.85%	10.78%	0.82
4	37,441,347	4,651,683	24,772	88	12.42%	9.58%	13.80%	0.69
5	36,989,265	8,691,198	24,308	90	23.50%	11.91%	17.33%	0.69
6	36,777,736	12,075,855	23,826	123	32.83%	14.76%	21.36%	0.69
7	37,205,939	11,935,165	23,164	163	32.08%	16.74%	24.98%	0.67
8	38,045,504	17,830,618	22,399	194	46.87%	19.78%	28.40%	0.70
9	38,894,333	19,544,212	21,775	207	50.25%	22.48%	31.71%	0.71
10	39,402,828	21,647,997	21,167	245	54.94%	25.03%	34.73%	0.72
11	39,141,063	21,133,328	20,628	252	53.99%	27.02%	37.85%	0.71
12	38,404,047	26,561,054	20,132	273	69.16%	29.57%	40.85%	0.72
13	37,302,241	34,264,734	19,614	267	91.86%	32.87%	43.76%	0.75
14	36,550,918	39,918,252	19,111	321	109.21%	36.47%	46.56%	0.78
15	35,457,283	36,710,830	18,553	312	103.54%	39.26%	49.26%	0.80
16	34,041,651	38,563,897	17,986	340	113.28%	41.97%	52.06%	0.81
17	32,814,964	46,528,001	17,355	357	141.79%	45.22%	54.55%	0.83
18	31,540,442	47,791,119	16,651	384	151.52%	48.29%	56.75%	0.85
19	30,044,457	52,716,554	15,904	406	175.46%	51.54%	58.75%	0.88
20	28,585,850	57,251,617	15,117	421	200.28%	54.91%	60.54%	0.91
21	27,057,930	61,677,738	14,293	431	227.95%	58.37%	61.95%	0.94
22	25,478,761	65,845,930	13,462	439	258.43%	61.89%	63.24%	0.98
23	23,894,802	69,813,468	12,631	443	292.17%	65.46%	64.33%	1.02
24	22,312,399	73,529,497	11,801	444	329.55%	69.05%	65.24%	1.06
25	20,738,508	76,848,991	10,978	442	370.56%	72.63%	66.12%	1.10
26	19,180,627	79,700,455	10,163	437	415.53%	76.18%	66.72%	1.14
27	17,646,742	81,961,933	9,363	428	464.46%	79.68%	67.22%	1.19
28	16,144,951	83,645,172	8,579	417	518.09%	83.09%	67.63%	1.23
29	14,683,487	84,643,007	7,817	402	576.45%	86.39%	68.02%	1.27
30	13,270,647	84,865,925	7,081	385	639.50%	89.56%	68.32%	1.31
31	11,914,732	84,322,174	6,375	365	707.71%	92.58%	68.32%	1.36
32	10,623,709	82,928,361	5,703	344	780.60%	95.42%	68.32%	1.40
33	9,405,092	80,766,265	5,068	320	858.75%	98.07%	68.32%	1.44
34	8,265,046	77,893,945	4,473	296	942.45%	100.51%	68.32%	1.47
35	7,208,233	74,329,235	3,921	271	1031.17%	102.74%	68.32%	1.50
36	6,238,016	70,202,352	3,412	246	1125.40%	104.76%	68.32%	1.53
37	5,356,053	65,625,982	2,949	221	1225.27%	106.56%	68.32%	1.56
38	4,562,341	60,758,996	2,530	196	1331.75%	108.16%	68.32%	1.58
39	3,855,215	55,662,217	2,155	173	1443.82%	109.56%	68.32%	1.60
40	3,231,723	50,456,624	1,822	151	1561.29%	110.78%	68.32%	1.62
41	2,687,589	45,294,625	1,530	131	1685.33%	111.82%	68.32%	1.64
42	2,217,527	40,252,004	1,275	112	1815.18%	112.71%	68.32%	1.65
43	1,815,547	35,456,357	1,055	95	1952.93%	113.46%	68.32%	1.66
44	1,475,148	30,973,664	868	80	2099.70%	114.08%	68.32%	1.67
45	1,189,651	26,844,868	708	67	2256.53%	114.60%	68.32%	1.68
46	952,456	23,083,266	575	55	2423.55%	115.02%	68.32%	1.68
47	757,162	19,692,135	463	45	2600.78%	115.37%	68.32%	1.69
48	597,704	16,683,570	370	37	2791.28%	115.65%	68.32%	1.69
49	468,595	14,031,295	294	30	2994.33%	115.87%	68.32%	1.70
50	364,849	11,714,996	232	24	3210.92%	116.05%	68.32%	1.70
Grand Total	1,009,722,535	2,238,043,244	573,417	12,171	221.65%	116.05%	68.32%	1.70

*Experience includes lifetime-pay policies only.

** UPR, DUE and ADV Prem as of calendar year end. These can cause fluctuations in the earned premium.

Lincoln Benefit Life Company
Policy Form: LB-6301-P-VA, LB-6302-P-VA, LB-6303-P-VA
Policies Issued Before October 1, 2003

Attachment H2
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience*
Virginia

Policy Duration	Earned Premium**	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate Durational Loss Ratio	Actual and Best Estimate Cumulative Loss Ratio	Expected Cumulative Loss Ratio	Actual and Best Estimate to Expected Cumulative Loss Ratio
1	1,692,731	0	1,157	0	0.00%	0.00%	5.79%	-
2	1,675,339	7,338	1,114	2	0.44%	0.21%	8.07%	0.03
3	1,651,936	0	1,082	0	0.00%	0.14%	10.78%	0.01
4	1,615,268	42,966	1,059	1	2.66%	0.70%	13.80%	0.05
5	1,592,439	622,723	1,047	2	39.10%	7.25%	17.33%	0.42
6	1,577,167	489,343	1,032	1	31.03%	10.51%	21.36%	0.49
7	1,678,347	672,118	982	5	40.05%	14.09%	24.98%	0.56
8	1,724,441	186,366	946	4	10.81%	13.71%	28.40%	0.48
9	1,783,185	1,131,825	936	8	63.47%	18.40%	31.71%	0.58
10	1,790,440	675,725	919	5	37.74%	19.96%	34.73%	0.57
11	1,747,574	720,191	902	7	41.21%	21.45%	37.85%	0.57
12	1,698,812	410,331	886	6	24.15%	21.58%	40.85%	0.53
13	1,621,079	2,496,519	861	10	154.00%	28.61%	43.76%	0.65
14	1,579,762	1,675,342	843	8	106.05%	32.22%	46.56%	0.69
15	1,556,454	1,144,972	822	11	73.56%	33.93%	49.26%	0.69
16	1,494,646	1,436,535	800	10	96.11%	36.21%	52.06%	0.70
17	1,454,896	1,682,048	775	13	115.61%	38.83%	54.55%	0.71
18	1,407,577	1,900,968	748	14	135.05%	41.66%	56.75%	0.73
19	1,348,504	2,140,034	719	16	158.70%	44.72%	58.75%	0.76
20	1,293,794	2,365,955	688	16	182.87%	47.95%	60.54%	0.79
21	1,235,506	2,592,230	655	17	209.81%	51.31%	61.95%	0.83
22	1,174,322	2,815,372	621	18	239.74%	54.79%	63.24%	0.87
23	1,111,856	3,037,497	587	18	273.19%	58.37%	64.33%	0.91
24	1,048,321	3,256,344	553	19	310.62%	62.03%	65.24%	0.95
25	983,954	3,461,917	519	19	351.84%	65.74%	66.12%	0.99
26	919,039	3,645,516	484	19	396.67%	69.46%	66.72%	1.04
27	853,921	3,800,759	449	19	445.09%	73.17%	67.22%	1.09
28	788,970	3,930,663	415	19	498.20%	76.82%	67.63%	1.14
29	724,583	4,033,999	381	18	556.73%	80.41%	68.02%	1.18
30	661,201	4,092,322	348	18	618.92%	83.88%	68.32%	1.23
31	599,315	4,115,858	316	17	686.76%	87.22%	68.32%	1.28
32	539,382	4,099,952	285	16	760.12%	90.40%	68.32%	1.32
33	481,854	4,044,201	255	16	839.30%	93.40%	68.32%	1.37
34	427,150	3,950,292	226	15	924.80%	96.20%	68.32%	1.41
35	375,643	3,815,047	200	13	1015.60%	98.79%	68.32%	1.45
36	327,650	3,644,628	175	12	1112.36%	101.15%	68.32%	1.48
37	283,425	3,443,406	152	11	1214.93%	103.29%	68.32%	1.51
38	243,110	3,217,650	131	10	1323.53%	105.20%	68.32%	1.54
39	206,760	2,976,864	112	9	1439.77%	106.89%	68.32%	1.56
40	174,346	2,720,788	95	8	1560.56%	108.36%	68.32%	1.59
41	145,763	2,460,934	80	7	1688.32%	109.64%	68.32%	1.60
42	120,832	2,201,358	67	6	1821.84%	110.73%	68.32%	1.62
43	99,330	1,949,222	55	5	1962.36%	111.66%	68.32%	1.63
44	80,988	1,709,679	45	4	2111.04%	112.43%	68.32%	1.65
45	65,503	1,484,104	37	4	2265.71%	113.07%	68.32%	1.66
46	52,572	1,278,323	30	3	2431.55%	113.60%	68.32%	1.66
47	41,879	1,090,883	24	2	2604.82%	114.03%	68.32%	1.67
48	33,117	923,929	19	2	2789.92%	114.38%	68.32%	1.67
49	26,002	776,891	15	2	2987.80%	114.66%	68.32%	1.68
50	20,279	648,789	12	1	3199.31%	114.89%	68.32%	1.68
Grand Total	45,830,964	105,020,719	25,659	488	229.15%	114.89%	68.32%	1.68

*Experience includes lifetime-pay policies only.

** UPR, DUE and ADV Prem as of calendar year end. These can cause fluctuations in the earned premium.

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued Before October 1, 2003

Attachment II
Nationwide Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive	10,970	31,495,985	84%	88%
Nursing Home Only	892	2,134,232	7%	6%
HCBC Only	1,199	2,031,218	9%	6%
Total	13,061	35,661,435	100%	100%
COLA Options				
No COLA	2,512	4,813,774	19%	13%
Simple COLA	1,056	2,749,498	8%	8%
Compound COLA	9,493	28,098,163	73%	79%
Total	13,061	35,661,435	100%	100%
Nonforfeiture Options				
None	12,799	34,748,822	98%	97%
SBP	71	173,936	1%	0%
Full ROP & SBP	18	54,273	0%	0%
Limited ROP	64	184,882	0%	1%
Full ROP	109	499,522	1%	1%
Total	13,061	35,661,435	100%	100%
Joint/Single Life				
Joint	5,805	19,266,079	44%	54%
Single	7,256	16,395,357	56%	46%
Total	13,061	35,661,435	100%	100%
Billing Mode				
Annual	4,535	13,529,003	35%	38%
Semi-Annual	567	1,679,394	4%	5%
Quarterly	1,258	3,429,332	10%	10%
Monthly	6,701	17,023,707	51%	48%
Total	13,061	35,661,435	100%	100%
Elimination Period				
0 Day	1,740	4,110,250	13%	12%
30 Days	3,583	9,954,216	27%	28%
60 Days	451	1,075,657	3%	3%
90 Days	7,287	20,521,312	56%	58%
Total	13,061	35,661,435	100%	100%
Benefit Period (NH/HH)				
3 Year / 3 Year	1,905	4,301,259	15%	12%
5 Year / 3 Year	155	421,680	1%	1%
5 Year / 5 Year	1,171	3,098,340	9%	9%
Lifetime / 3 Year	801	2,198,176	6%	6%
Lifetime / 5 Year	281	821,268	2%	2%
Lifetime / Lifetime	8,748	24,820,713	67%	70%
Total	13,061	35,661,435	100%	100%
Issue Age Cohort				
20-29	1	952	0%	0%
30-39	36	50,297	0%	0%
40-49	757	1,252,723	6%	4%
50-59	4,791	10,955,735	37%	31%
60-69	6,169	18,398,526	47%	52%
70-79	1,264	4,750,033	10%	13%
80-89	43	253,170	0%	1%
Total	13,061	35,661,435	100%	100%
Daily Benefit Cohort				
\$1-\$50	314	417,608	2%	1%
\$51-\$100	6,623	15,890,789	51%	45%
\$101-\$150	5,120	15,514,791	39%	44%
\$151-\$200	811	3,105,676	6%	9%
\$201-\$250	192	726,507	1%	2%
\$251-\$300	1	6,065	0%	0%
Total	13,061	35,661,435	100%	100%

Lincoln Benefit Life Company
Policy Form: LB-6301-P-VA, LB-6302-P-VA, LB-6303-P-VA
Policies Issued Before October 1, 2003

Attachment I2
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive	524	1,496,022	92%	95%
Nursing Home Only	28	47,558	5%	3%
HCBC Only	20	29,543	3%	2%
Total	572	1,573,123	100%	100%
COLA Options				
No COLA	78	135,390	14%	9%
Simple COLA	91	224,611	16%	14%
Compound COLA	403	1,213,122	70%	77%
Total	572	1,573,123	100%	100%
Nonforfeiture Options				
None	564	1,542,269	99%	98%
SBP	1	2,025	0%	0%
Full ROP & SBP	0	0	0%	0%
Limited ROP	5	14,124	1%	1%
Full ROP	2	14,705	0%	1%
Total	572	1,573,123	100%	100%
Joint/Single Life				
Joint	270	906,299	47%	58%
Single	302	666,824	53%	42%
Total	572	1,573,123	100%	100%
Billing Mode				
Annual	192	576,960	34%	37%
Semi-Annual	25	73,863	4%	5%
Quarterly	44	123,393	8%	8%
Monthly	311	798,908	54%	51%
Total	572	1,573,123	100%	100%
Elimination Period				
0 Day	55	158,140	10%	10%
30 Days	121	319,229	21%	20%
60 Days	0	0	0%	0%
90 Days	396	1,095,754	69%	70%
Total	572	1,573,123	100%	100%
Benefit Period (NH/HH)				
3 Year / 3 Year	62	135,947	11%	9%
5 Year / 3 Year	12	23,504	2%	1%
5 Year / 5 Year	70	175,108	12%	11%
Lifetime / 3 Year	28	87,856	5%	6%
Lifetime / 5 Year	12	36,635	2%	2%
Lifetime / Lifetime	388	1,114,074	68%	71%
Total	572	1,573,123	100%	100%
Issue Age Cohort				
20-29	0	0	0%	0%
30-39	1	3,831	0%	0%
40-49	41	72,864	7%	5%
50-59	258	608,113	45%	39%
60-69	245	776,600	43%	49%
70-79	26	103,513	5%	7%
80-89	1	8,201	0%	1%
Total	572	1,573,123	100%	100%
Daily Benefit Cohort				
\$1-\$50	14	16,224	2%	1%
\$51-\$100	231	512,260	40%	33%
\$101-\$150	295	920,435	52%	59%
\$151-\$200	30	118,913	5%	8%
\$201-\$250	2	5,290	0%	0%
\$251-\$300	0	0	0%	0%
Total	572	1,573,123	100%	100%

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Lincoln Benefit Life Company (NAIC: 65595)
SERFF Tracking Number:	LFCR-130778152
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	\$4,125
Average Requested Percentage Rate Change Per Member:	50%
Minimum Requested Percentage Rate Change Per Member:	50%
Maximum Requested Percentage Rate Change Per Member:	50%
Number of Policy Holders Affected :	572

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LB-6301-P-VA(Q) LB-6301-P-VA(NQ) LB-6302-P-VA(Q) LB-6302-P-VA(NQ) LB-6303-P-VA(Q) LB-6303-P-VA(NQ) LB-6301-R1 LB-6301-R2 LB-6301-R3 LB-6301-R4 LB-6301-R5(Q) LB-6301-R5(NQ) LB-6301-R6 LB-6301-R8-VA LB-6301-R9-VA LB-6301-R10-VA(Q) LB-6301-R10-VA(NQ)	Senior Linc

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Lincoln Benefit Life Company

**Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA (NQ), LB-6302-P-VA(Q), LB-6302-P-VA (NQ),
LB-6303-P-VA(Q), LB-6303-P-VA (NQ)**

Summary of Key Information Used to Determine Rates

Lincoln Benefit Life Company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies.

Premiums were determined based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. As part of the in-force management of the business, the Company and its reinsurers regularly conduct experience analysis on the policies. Recent studies indicate that individuals are living longer and fewer people are terminating their coverage. Therefore, more benefits will be paid than originally projected. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Lincoln Benefit Life Company

Title of Form Endorsement

Policy Form Number LB-E-BR-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50.9. It contains 4 sentences, 49 words and 149 syllables. The type size of the text of the policy forms is 12 point type, 2 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Megan Signature of an Officer of the Insurer

Megan Curroe Name (Print)

AVP, Legal & Compliance Title

10/20/16 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Lincoln Benefit Life Company

Title of Form Endorsement

Policy Form Number LB-E-CNF-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50.9. It contains 7 sentences, 92 words and 155 syllables. The type size of the text of the policy forms is 12 point type, 2 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Megan Curroe Signature of an Officer of the Insurer

Megan Curroe Name (Print)

AVP, Legal & Compliance Title

10/20/16 Date

Resolution Life

5600 North River Road
Suite 300 Columbia Center I
Rosemont, Illinois 60018

Telephone: 847-527-6700
Website: www.ResolutionLife.com

September 6, 2016

Mr. Jay R. Peters, FSA, MAAA
Executive Vice President and Chief Actuary
LifeCare Assurance Company
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367

Re: LINCOLN BENEFIT LIFE COMPANY
NAIC # 65595
FEIN # 47-0221457

Dear Mr. Peters,

This letter gives LifeCare Assurance Company the authorization to submit the rate filing for review and approval for the LBL-6301 series LTC products, as well as all associated forms and materials, for, and in the name of, Lincoln Benefit Life Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Rafson", with a long horizontal flourish extending to the right.

Joseph Rafson
Vice President & Appointed Actuary
Lincoln Benefit Life Company

LINCOLN BENEFIT LIFE

DATE

OWNER NAME
ADDRESS
ADDRESS

POLICY NUMBER

Notice of Premium Rate Increase

Re: Lincoln Benefit Life Company Long-Term Care Insurance Policy POLICY NUMBER

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. There is a need to increase premiums to reflect that future claims are expected to be significantly higher than originally expected. Claims are significantly higher due to insureds both keeping their policies longer and staying on claim longer than expected when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy].

Since you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss any options available to you that may help offset the increase in premium.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Lincoln Benefit Life has sought state approval for the smallest increase necessary. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

If you have questions, please contact our customer service associates at 888 503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely

Lincoln Benefit Life Company

LB-6301-P-VA WOP

LINCOLN BENEFIT LIFE

DATE

POLICY NUMBER

OWNER NAME
ADDRESS
ADDRESS

Coverage Change Request Form

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by [Month XX, 20YY]. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy] which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment which is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Contingent Benefit Upon Lapse Option. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed

LINCOLN BENEFIT LIFE

DATE

POLICY NUMBER

OWNER NAME
ADDRESS
ADDRESS

Coverage Change Request Form

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by [Month XX, 20YY]. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy] which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment which is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Nonforfeiture Option provided by my policy. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed

LINCOLN BENEFIT LIFE

DATE

OWNER NAME
ADDRESS
ADDRESS

POLICY NUMBER

Notice of Premium Rate Increase

Re: Lincoln Benefit Life Company Long-Term Care Insurance Policy POLICY NUMBER

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. The premiums originally charged for your policy were based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. Because individuals are living longer and fewer people are terminating their coverage, more benefits will be paid than originally projected for policies like yours. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase by 50%, from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below. In the event of a future rate increase, we will make available similar options to mitigate the effect of an increase on your premiums. You may request a reduction in your policy benefits at any time.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss the following options available to you that may help offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI. In the event of any premium rate increase, you have the right to a revised premium rate or rate schedule.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy

represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. **Some of these options may not be of equal value.** Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period or removing certain riders included with your policy. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit. For more information on these options, please contact our customer service associates at 888-503-8110.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Lincoln Benefit Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact. Additionally, you have the right to request a revised premium rate or rate schedule for your policy.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy except as noted in the Contingent Benefit Upon Lapse Option as noted above.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

enc

LINCOLN BENEFIT LIFE

DATE

OWNER NAME
ADDRESS
ADDRESS

POLICY NUMBER

Notice of Premium Rate Increase

Re: Lincoln Benefit Life Company Long-Term Care Insurance Policy POLICY NUMBER

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. The premiums originally charged for your policy were based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. Because individuals are living longer and fewer people are terminating their coverage, more benefits will be paid than originally projected for policies like yours. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase by 50%, from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below. In the event of a future rate increase, we will make available similar options to mitigate the effect of an increase on your premiums. You may request a reduction in your policy benefits at any time.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss the following options available to you that may help offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI. In the event of any premium rate increase, you have the right to a revised premium rate or rate schedule.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy

represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. **Some of these options may not be of equal value.** Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period or removing certain riders included with your policy. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit. For more information on these options, please contact our customer service associates at 888-503-8110.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact. Additionally, you have the right to request a revised premium rate or rate schedule for your policy.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy, except as noted in the Nonforfeiture Option as noted above.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

enc

Notice of Premium Rate Increase (Form LB-6301-VA-CNF) Variations

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$xxx.xx to \$yyy.yy] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

Third Paragraph:

[If you waived for Waiver of Premium...] – This paragraph is inserted for policyholders currently on waiver of premium.

Fifth Paragraph, First Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one of the "Coverage Change Request Form" is selected based on the reduced daily benefit amount.

Seventh Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

Coverage Change Request Form

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

Fourth Paragraph, 1st Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected based on the reduced daily benefit amount.

[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.

Notice of Premium Rate Increase (Form LB-6301-VA-NF) Variations

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$xxx.xx to \$yyy.yy] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

Third Paragraph:

[If you waived for Waiver of Premium...] – This paragraph is inserted for policyholders currently on waiver of premium.

Fifth Paragraph, First Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one of the "Coverage Change Request Form" is selected based on the reduced daily benefit amount.

Seventh Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

Coverage Change Request Form

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

Fourth Paragraph, 1st Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected based on the reduced daily benefit amount.

[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.

**Statement of Variability for Endorsement form LB-E-BR-VA for use with
LB-6301-P-VA(Q), LB-6302-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(NQ)**

Bracket #1 The Policy number will appear which varies by policyholder.

Bracket #2 The Effective date of the change will appear which varies by policyholder.

Bracket #3 The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The 0 Days Elimination Period has been changed to 30 Days.]

[The 0 Days Elimination Period has been changed to 90 Days.]

[The 30 Days Elimination Period has been changed to 90 Days.]

[The Daily Benefit Amount for Nursing Care has been reduced to \$XX.XX.]

[The Daily Benefit Amount for Home and Community Based Care has been reduced to \$XX.XX].

[The Lifetime Benefit Period for Nursing Care has been reduced to 5 Years.]

[The Lifetime Benefit Period for Nursing Care has been reduced to 3 Years.]

[The 5 Years Benefit Period for Nursing Care has been reduced to 3 Years.]

[The Lifetime Benefit Period for Home and Community Based Care has been reduced to 5 Years.]

[The Lifetime Benefit Period for Home and Community Based Care has been reduced to 3 Years.]

[The 5 Years Benefit Period for Home and Community Based Care has been reduced to 3 Years.]

[The Compound Benefit Increase Rider has been deleted from your policy.]

[The Compound Benefit Increase Rider has been changed to Simple Benefit Increase Rider.]

[The Simple Benefit Increase Rider has been deleted from your policy.]

[The Full Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Limited Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Shortened Benefit Period Rider has been deleted from your policy.]

[The Paid-Up Survivor Benefit Rider has been deleted from your policy.]

[The Waiver of Premium Benefit Rider has been deleted from your policy.]

[The Home and Community Based Care Indemnity Benefit Rider has been deleted from your policy.]

Statement of Variability for Endorsement form LB-E-BR-VA for use with LB-6303-P-VA(Q) & LB-6303-P-VA(NQ)

Bracket #1 The Policy number will appear which will vary by policyholder.

Bracket #2 The effective date of the change will appear which will vary by policyholder.

Bracket #3 The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The 0 Days Elimination Period has been changed to 30 Days.]

[The 0 Days Elimination Period has been changed to 90 Days.]

[The 30 Days Elimination Period has been changed to 90 Days.]

[The Maximum Daily Benefit Amount has been reduced to \$XX.XX.]

[The Lifetime Benefit Period has been reduced to 5 Years.]

[The Lifetime Benefit Period has been reduced to 3 Years.]

[The 5 Years Benefit Period has been reduced to 3 Years.]

[The Assisted Living Facility Facility Rider has been deleted from your policy.]

[The Compound Benefit Increase Rider has been deleted from your policy.]

[The Compound Benefit Increase Rider has been changed to Simple Benefit Increase Rider.]

[The Simple Benefit Increase Rider has been deleted from your policy.]

[The Full Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Limited Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Shortened Benefit Period Rider has been deleted from your policy.]

Statement of Variability for Endorsement form LB-E-CNF-VA for use with LB-6301-P-VA(Q), LB-6302-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(NQ), LB-6303-P-VA(Q) & LB-6303-P-VA(NQ)

Bracket #1 – The policy number will appear which will vary by policyholder.

Bracket #2 – The effective date of the change will appear which will vary by policyholder.

Bracket #3 – The contingent benefit upon lapse amount will appear which will vary by policyholder.

Lincoln Benefit Life Company

Home Office: Lincoln, Nebraska

Long Term Care Administrative Office

Post Office Box 4243

Woodland Hills, CA 91365-4243

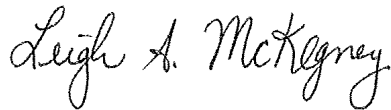
(888) 503-8110

ENDORSEMENT

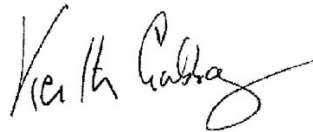
This endorsement is attached to and made a part of Policy No. [] effective [].

Your election to decrease the benefits of your Long Term Care Policy due to the premium increase has been exercised. []. This change will not alter any other conditions, provisions or limitations under your Policy.

Executed for the Company at its Home Office in Lincoln, Nebraska on its Effective Date.



Leigh McKegney, Secretary



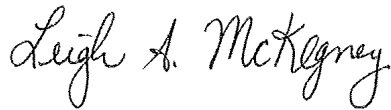
Keith Gubbay, President

Lincoln Benefit Life Company
Home Office: Lincoln, Nebraska
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8110

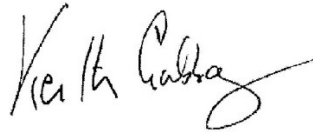
ENDORSEMENT

This endorsement is attached to and made a part of Policy No. [] effective [].
The Contingent Benefit Upon Lapse option of your Long Term Care Policy that was provided to you at the time of your premium increase has been exercised. No further premium is due. The Policy will continue under its current terms, but benefits payable will be limited to [\$]. No further increases will occur under any benefit increase rider, if attached to the Policy.

Executed for the Company at its Home Office in Lincoln, Nebraska on its Effective Date.



Leigh McKegney, Secretary



Keith Gubbay, President

Lincoln Benefit Life
Insurance Company
Submission 7/28344

Bob Grissom

From: Etienne Dupourque [etienne.dupourque@lifecareassurance.com]
Sent: Friday, March 21, 2008 12:02 PM
To: Bob Grissom
Cc: Jay Peters
Subject: RE: submission 7/28344

APPROVED

Commonwealth Of Virginia
State Corporation Commission
Bureau of Insurance

DATE 5/15/2008
BY CHFB

Bob,

To complete this filing, please find attached a revised actuarial memorandum with the information requested:

1. 7.5% projection with all assumptions
2. Experience based on pre rate stability issued policies.

Sincerely,

Etienne
(818) 867 2271

-----Original Message-----

From: Bob Grissom [mailto:Bob.Grissom@scc.virginia.gov]
Sent: Thursday, February 14, 2008 9:23 AM
To: Etienne Dupourque
Subject: RE: submission 7/28344

Sorry for the delay in responding to your request. After reviewing the filing again in relation to your revised request, we will need the following information.

1. Please provide updated projections using a 7.5% interest discount rate and clearly identify all assumptions used in the projections.
2. In providing revised experience, please only provide the experience of the forms that were issued prior to October 1, 2003.
3. Please provide an updated actuarial memorandum based on your most current requests.

Please don't hesitate to call if you have any questions.

Robert Grissom
Virginia Bureau of Insurance
State Corporation Commission
(804) 371-9152

-----Original Message-----

4/11/2008

Lincoln Benefit Life Insurance Company
 LB-6301-P-VA(Q) & LB-6301-P-VA(NQ) - Nursing Care Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Nursing Care	Full			Limited			Shortened			Benefit Increase Factors						10-Pay Factor	1-Pay Factor	1-Pay with Non Forfeiture	Paid Up Survivor
	\$10 DB Annual Rates	Non Forfeiture	Non Forfeiture	Non Forfeiture	Benefit Period	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple									
40	24.30	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	20.800	30.534	1.400						
41	25.11	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	20.400	30.212	1.400						
42	25.92	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	20.000	29.880	1.400						
43	26.73	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	19.600	29.537	1.400						
44	27.54	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	19.200	29.184	1.400						
45	28.35	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	18.800	28.820	1.400						
46	29.97	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	18.400	28.446	1.400						
47	31.59	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	18.000	28.062	1.400						
48	33.21	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	17.600	27.667	1.400						
49	34.83	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	17.200	27.262	1.400						
50	36.45	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	16.800	26.846	1.400						
51	38.88	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	16.480	26.549	1.400						
52	41.31	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	16.160	26.243	1.400						
53	43.74	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	15.840	25.930	1.400						
54	46.17	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	15.520	25.608	1.400						
55	48.60	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	15.200	25.475	1.400						
56	53.46	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	14.960	25.461	1.400						
57	58.32	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	14.720	25.436	1.400						
58	63.18	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	14.480	25.397	1.400						
59	68.04	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	14.240	25.347	1.400						
60	72.90	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	14.000	25.284	1.400						
61	81.00	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	13.760	25.208	1.400						
62	89.10	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	13.520	25.120	1.400						
63	97.20	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	13.280	25.019	1.400						
64	105.30	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	13.040	24.906	1.400						
65	113.40	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	12.800	24.614	1.400						
66	129.60	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	12.560	24.316	1.390						
67	145.80	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	12.320	24.011	1.380						
68	162.00	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	12.080	23.700	1.370						
69	178.20	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	11.840	23.384	1.360						
70	194.40	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	11.600	23.060	1.350						
71	218.70	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	11.440	22.891	1.340						
72	243.00	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	11.280	22.717	1.330						
73	267.30	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	11.120	22.540	1.320						
74	291.60	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	10.960	22.358	1.310						
75	315.90	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	10.800	22.172	1.300						
76	364.50	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	10.640	21.982	1.300						
77	413.10	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	10.480	21.787	1.300						
78	461.70	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	10.320	21.589	1.300						
79	510.30	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	10.160	21.386	1.300						
80	558.90	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	10.000	21.180	1.300						
81	607.50	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	9.840	20.969	1.300						
82	656.10	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	9.680	20.753	1.300						
83	704.70	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	9.520	20.534	1.300						
84	753.30	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	9.360	20.311	1.300						

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6302-P-VA(Q) & LB-6302-P-VA(NQ) - Comprehensive LTC
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Comprehensive LTC		Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors						10-Pay Factor	1-Pay Factor	1-Pay with Non Forfeiture	Paid Up Survivor
	Per \$10 NC + \$10 HCBC Daily Benefit	Per \$10 NC + \$5 HCBC Daily Benefit				Pre-enhanced		Enhanced							
						Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple				
40	36.45	30.38	1.468	1.360	1.130	4.000	4.000	4.000	4.500	2.800	3.200	2.770	20.800	30.534	1.400
41	37.67	31.39	1.481	1.370	1.135	3.900	3.900	3.900	4.400	2.740	3.120	2.720	20.400	30.212	1.400
42	38.88	32.40	1.494	1.380	1.140	3.800	3.800	3.800	4.300	2.680	3.040	2.660	20.000	29.880	1.400
43	40.10	33.41	1.507	1.390	1.145	3.700	3.700	3.700	4.200	2.620	2.960	2.610	19.600	29.537	1.400
44	41.31	34.43	1.520	1.400	1.150	3.600	3.600	3.600	4.100	2.560	2.880	2.560	19.200	29.184	1.400
45	42.53	35.44	1.533	1.410	1.155	3.500	3.500	3.500	4.000	2.500	2.800	2.500	18.800	28.820	1.400
46	44.96	37.46	1.546	1.420	1.160	3.400	3.400	3.400	3.900	2.440	2.720	2.450	18.400	28.446	1.400
47	47.39	39.49	1.559	1.430	1.165	3.300	3.300	3.300	3.800	2.380	2.640	2.400	18.000	28.062	1.400
48	49.82	41.51	1.572	1.440	1.170	3.200	3.200	3.200	3.700	2.320	2.560	2.340	17.600	27.667	1.400
49	52.25	43.54	1.585	1.450	1.175	3.100	3.100	3.100	3.600	2.260	2.480	2.290	17.200	27.262	1.400
50	54.68	45.56	1.598	1.460	1.180	3.000	3.000	3.000	3.500	2.200	2.400	2.240	16.800	26.846	1.400
51	58.32	48.60	1.611	1.470	1.185	2.920	2.920	2.920	3.400	2.140	2.320	2.190	16.480	26.549	1.400
52	61.97	51.64	1.624	1.480	1.190	2.840	2.840	2.840	3.300	2.080	2.240	2.150	16.160	26.243	1.400
53	65.61	54.68	1.637	1.490	1.195	2.760	2.760	2.760	3.200	2.020	2.160	2.110	15.840	25.930	1.400
54	69.26	57.71	1.650	1.500	1.200	2.680	2.680	2.680	3.100	1.960	2.080	2.070	15.520	25.608	1.400
55	72.90	60.75	1.676	1.520	1.205	2.600	2.600	2.600	3.000	1.900	2.000	2.020	15.200	25.475	1.400
56	80.19	66.83	1.702	1.540	1.210	2.550	2.550	2.550	2.900	1.860	1.960	1.990	14.960	25.461	1.400
57	87.48	72.90	1.728	1.560	1.215	2.500	2.500	2.500	2.800	1.820	1.920	1.960	14.720	25.436	1.400
58	94.77	78.98	1.754	1.580	1.220	2.450	2.430	2.450	2.700	1.780	1.880	1.930	14.480	25.397	1.400
59	102.06	85.05	1.780	1.600	1.225	2.400	2.290	2.400	2.600	1.740	1.840	1.900	14.240	25.347	1.400
60	109.35	91.13	1.806	1.620	1.230	2.300	2.160	2.300	2.500	1.700	1.800	1.860	14.000	25.284	1.400
61	121.50	101.25	1.832	1.640	1.235	2.270	2.130	2.270	2.450	1.670	1.760	1.830	13.760	25.208	1.400
62	133.65	111.38	1.858	1.660	1.240	2.210	2.100	2.210	2.400	1.640	1.720	1.800	13.520	25.120	1.400
63	145.80	121.50	1.884	1.680	1.245	2.140	2.080	2.140	2.350	1.610	1.680	1.770	13.280	25.019	1.400
64	157.95	131.63	1.910	1.700	1.250	2.070	2.040	2.070	2.300	1.580	1.640	1.740	13.040	24.906	1.400
65	170.10	141.75	1.923	1.710	1.260	2.000	1.960	2.000	2.250	1.550	1.600	1.700	12.800	24.614	1.400
66	194.40	162.00	1.936	1.720	1.270	1.940	1.900	1.940	2.200	1.520	1.570	1.670	12.560	24.316	1.390
67	218.70	182.25	1.949	1.730	1.280	1.880	1.850	1.880	2.150	1.490	1.540	1.640	12.320	24.011	1.380
68	243.00	202.50	1.962	1.740	1.290	1.820	1.800	1.820	2.100	1.460	1.510	1.610	12.080	23.700	1.370
69	267.30	222.75	1.975	1.750	1.300	1.760	1.750	1.760	2.050	1.430	1.480	1.580	11.840	23.384	1.360
70	291.60	243.00	1.988	1.760	1.310	1.700	1.700	1.700	2.000	1.400	1.450	1.540	11.600	23.060	1.350
71	328.05	273.38	2.001	1.770	1.320	1.660	1.660	1.660	1.950	1.390	1.440	1.520	11.440	22.891	1.340
72	364.50	303.75	2.014	1.780	1.330	1.620	1.610	1.620	1.890	1.380	1.430	1.500	11.280	22.717	1.330
73	400.95	334.13	2.027	1.790	1.340	1.580	1.560	1.580	1.830	1.370	1.420	1.480	11.120	22.540	1.320
74	437.40	364.50	2.040	1.800	1.350	1.540	1.520	1.540	1.770	1.360	1.410	1.460	10.960	22.358	1.310
75	473.85	394.88	2.053	1.810	1.355	1.500	1.470	1.500	1.710	1.350	1.400	1.440	10.800	22.172	1.300
76	546.75	455.63	2.066	1.820	1.360	1.490	1.440	1.490	1.670	1.340	1.390	1.420	10.640	21.982	1.300
77	619.65	516.38	2.079	1.830	1.365	1.480	1.400	1.480	1.620	1.330	1.380	1.390	10.480	21.787	1.300
78	692.55	577.13	2.092	1.840	1.370	1.460	1.370	1.460	1.590	1.320	1.370	1.370	10.320	21.589	1.300
79	765.45	637.88	2.105	1.850	1.375	1.420	1.340	1.420	1.540	1.310	1.360	1.350	10.160	21.386	1.300
80	838.35	698.63	2.118	1.860	1.380	1.390	1.300	1.390	1.500	1.300	1.350	1.330	10.000	21.180	1.300
81	911.25	759.38	2.131	1.870	1.385	1.370	1.280	1.370	1.470	1.290	1.340	1.310	9.840	20.969	1.300
82	984.15	820.13	2.144	1.880	1.390	1.340	1.260	1.340	1.450	1.280	1.330	1.290	9.680	20.753	1.300
83	1,057.05	880.88	2.157	1.890	1.395	1.320	1.240	1.320	1.410	1.270	1.320	1.270	9.520	20.534	1.300
84	1,129.95	941.63	2.170	1.900	1.400	1.300	1.220	1.300	1.390	1.260	1.310	1.250	9.360	20.311	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates *				Benefit Increase Factors		
		Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-Enhanced Compound	Enhanced Compound	Simple
40	26.78	1.468	1.360	1.130	3.380	3.380	2.440
41	27.67	1.481	1.370	1.135	3.320	3.320	2.370
42	28.56	1.494	1.380	1.140	3.270	3.270	2.300
43	29.45	1.507	1.390	1.145	3.210	3.210	2.240
44	30.35	1.520	1.400	1.150	3.160	3.160	2.170
45	31.24	1.533	1.410	1.155	3.100	3.100	2.140
46	33.02	1.546	1.420	1.160	3.040	3.040	2.100
47	34.81	1.559	1.430	1.165	2.990	2.990	2.070
48	36.59	1.572	1.440	1.170	2.930	2.930	2.040
49	38.38	1.585	1.450	1.175	2.880	2.880	2.000
50	40.16	1.598	1.460	1.180	2.820	2.820	1.970
51	42.84	1.611	1.470	1.185	2.770	2.770	1.940
52	45.52	1.624	1.480	1.190	2.660	2.660	1.910
53	48.20	1.637	1.490	1.195	2.550	2.550	1.880
54	50.87	1.650	1.500	1.200	2.440	2.440	1.860
55	53.55	1.676	1.520	1.205	2.330	2.330	1.830
56	58.91	1.702	1.540	1.210	2.210	2.210	1.790
57	64.26	1.728	1.560	1.215	2.100	2.100	1.760
58	69.62	1.754	1.580	1.220	1.990	1.990	1.730
59	74.97	1.780	1.600	1.225	1.880	1.880	1.690
60	80.33	1.806	1.620	1.230	1.770	1.770	1.660
61	89.25	1.832	1.640	1.235	1.750	1.750	1.640
62	98.18	1.858	1.660	1.240	1.730	1.730	1.630
63	107.10	1.884	1.680	1.245	1.710	1.710	1.610
64	116.03	1.910	1.700	1.250	1.670	1.670	1.580
65	124.95	1.923	1.710	1.260	1.610	1.610	1.520
66	142.80	1.936	1.720	1.270	1.560	1.560	1.480
67	160.65	1.949	1.730	1.280	1.520	1.520	1.450
68	178.50	1.962	1.740	1.290	1.480	1.480	1.410
69	196.35	1.975	1.750	1.300	1.440	1.440	1.380
70	214.20	1.988	1.760	1.310	1.400	1.400	1.340
71	237.53	2.001	1.770	1.320	1.380	1.380	1.330
72	260.10	2.014	1.780	1.330	1.360	1.360	1.320
73	281.90	2.027	1.790	1.340	1.340	1.340	1.300
74	302.94	2.040	1.800	1.350	1.320	1.320	1.290
75	323.21	2.053	1.810	1.355	1.300	1.300	1.280
76	367.20	2.066	1.820	1.360	1.290	1.290	1.270
77	409.66	2.079	1.830	1.365	1.280	1.280	1.260
78	450.59	2.092	1.840	1.370	1.270	1.270	1.250
79	489.98	2.105	1.850	1.375	1.260	1.260	1.240
80	527.85	2.118	1.860	1.380	1.250	1.250	1.230
81	568.97	2.131	1.870	1.385	1.240	1.240	1.220
82	609.32	2.144	1.880	1.390	1.230	1.230	1.210
83	648.91	2.157	1.890	1.395	1.220	1.220	1.200
84	687.74	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates *				Benefit Increase Factors		
		Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-Enhanced Compound	Enhanced Compound	Simple
40	21.04	1.468	1.360	1.130	3.940	3.940	2.800
41	21.74	1.481	1.370	1.135	3.880	3.880	2.740
42	22.44	1.494	1.380	1.140	3.800	3.800	2.680
43	23.14	1.507	1.390	1.145	3.700	3.700	2.610
44	23.84	1.520	1.400	1.150	3.600	3.600	2.530
45	24.54	1.533	1.410	1.155	3.500	3.500	2.490
46	25.95	1.546	1.420	1.160	3.400	3.400	2.440
47	27.35	1.559	1.430	1.165	3.300	3.300	2.380
48	28.75	1.572	1.440	1.170	3.200	3.200	2.320
49	30.15	1.585	1.450	1.175	3.100	3.100	2.260
50	31.56	1.598	1.460	1.180	3.000	3.000	2.200
51	33.66	1.611	1.470	1.185	2.920	2.920	2.140
52	35.76	1.624	1.480	1.190	2.840	2.840	2.080
53	37.87	1.637	1.490	1.195	2.760	2.760	2.020
54	39.97	1.650	1.500	1.200	2.680	2.680	1.960
55	42.08	1.676	1.520	1.205	2.600	2.600	1.900
56	46.28	1.702	1.540	1.210	2.550	2.550	1.860
57	50.49	1.728	1.560	1.215	2.450	2.450	1.820
58	54.70	1.754	1.580	1.220	2.330	2.330	1.780
59	58.91	1.780	1.600	1.225	2.200	2.200	1.740
60	63.11	1.806	1.620	1.230	2.070	2.070	1.700
61	70.13	1.832	1.640	1.235	2.040	2.040	1.670
62	77.14	1.858	1.660	1.240	2.020	2.020	1.640
63	84.15	1.884	1.680	1.245	1.990	1.990	1.610
64	91.16	1.910	1.700	1.250	1.950	1.950	1.580
65	98.18	1.923	1.710	1.260	1.880	1.880	1.550
66	112.20	1.936	1.720	1.270	1.830	1.830	1.520
67	126.23	1.949	1.730	1.280	1.780	1.780	1.490
68	140.25	1.962	1.740	1.290	1.730	1.730	1.460
69	154.28	1.975	1.750	1.300	1.680	1.680	1.430
70	168.30	1.988	1.760	1.310	1.630	1.630	1.400
71	189.34	2.001	1.770	1.320	1.590	1.590	1.390
72	210.38	2.014	1.780	1.330	1.540	1.540	1.380
73	231.41	2.027	1.790	1.340	1.500	1.500	1.370
74	252.45	2.040	1.800	1.350	1.450	1.450	1.360
75	273.49	2.053	1.810	1.355	1.410	1.410	1.350
76	315.56	2.066	1.820	1.360	1.380	1.380	1.340
77	357.64	2.079	1.830	1.365	1.340	1.340	1.320
78	399.71	2.092	1.840	1.370	1.310	1.310	1.290
79	441.79	2.105	1.850	1.375	1.280	1.280	1.260
80	483.86	2.118	1.860	1.380	1.250	1.250	1.230
81	521.55	2.131	1.870	1.385	1.240	1.240	1.220
82	558.55	2.144	1.880	1.390	1.230	1.230	1.210
83	594.84	2.157	1.890	1.395	1.220	1.220	1.200
84	630.42	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	17.53	1.468	1.360	1.130	4.000	4.000	2.800
41	18.12	1.481	1.370	1.135	3.900	3.900	2.740
42	18.70	1.494	1.380	1.140	3.800	3.800	2.680
43	19.28	1.507	1.390	1.145	3.700	3.700	2.620
44	19.87	1.520	1.400	1.150	3.600	3.600	2.560
45	20.45	1.533	1.410	1.155	3.500	3.500	2.500
46	21.62	1.546	1.420	1.160	3.400	3.400	2.440
47	22.79	1.559	1.430	1.165	3.300	3.300	2.380
48	23.96	1.572	1.440	1.170	3.200	3.200	2.320
49	25.13	1.585	1.450	1.175	3.100	3.100	2.260
50	26.30	1.598	1.460	1.180	3.000	3.000	2.200
51	28.05	1.611	1.470	1.185	2.920	2.920	2.140
52	29.80	1.624	1.480	1.190	2.840	2.840	2.080
53	31.56	1.637	1.490	1.195	2.760	2.760	2.020
54	33.31	1.650	1.500	1.200	2.680	2.680	1.960
55	35.06	1.676	1.520	1.205	2.600	2.600	1.900
56	38.57	1.702	1.540	1.210	2.550	2.550	1.860
57	42.08	1.728	1.560	1.215	2.500	2.500	1.820
58	45.58	1.754	1.580	1.220	2.450	2.450	1.780
59	49.09	1.780	1.600	1.225	2.400	2.400	1.740
60	52.59	1.806	1.620	1.230	2.250	2.250	1.700
61	58.44	1.832	1.640	1.235	2.230	2.230	1.670
62	64.28	1.858	1.660	1.240	2.200	2.200	1.640
63	70.13	1.884	1.680	1.245	2.140	2.140	1.610
64	75.97	1.910	1.700	1.250	2.070	2.070	1.580
65	81.81	1.923	1.710	1.260	2.000	2.000	1.550
66	93.50	1.936	1.720	1.270	1.940	1.940	1.520
67	105.19	1.949	1.730	1.280	1.880	1.880	1.490
68	116.88	1.962	1.740	1.290	1.820	1.820	1.460
69	128.56	1.975	1.750	1.300	1.760	1.760	1.430
70	140.25	1.988	1.760	1.310	1.700	1.700	1.400
71	157.78	2.001	1.770	1.320	1.660	1.660	1.390
72	175.31	2.014	1.780	1.330	1.620	1.620	1.380
73	192.84	2.027	1.790	1.340	1.580	1.580	1.370
74	210.38	2.040	1.800	1.350	1.540	1.540	1.360
75	227.91	2.053	1.810	1.355	1.500	1.500	1.350
76	262.97	2.066	1.820	1.360	1.490	1.490	1.340
77	298.03	2.079	1.830	1.365	1.470	1.470	1.330
78	333.09	2.092	1.840	1.370	1.430	1.430	1.320
79	368.16	2.105	1.850	1.375	1.400	1.400	1.310
80	403.22	2.118	1.860	1.380	1.360	1.360	1.300
81	438.28	2.131	1.870	1.385	1.340	1.340	1.290
82	473.34	2.144	1.880	1.390	1.320	1.320	1.280
83	508.41	2.157	1.890	1.395	1.300	1.300	1.270
84	543.47	2.170	1.900	1.400	1.280	1.280	1.250

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
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2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor



October 16, 2017

Toni Janoski
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778152

Dear Ms. Janoski:

Thank you for reviewing our filing. This is a response to your letter dated November 10, 2016 for the above referenced filing.

Objection 1: We have the following concerns with the Rate/Rule Schedule:

- a. **Please list each affected form number separately and exactly as the form was approved. For example, LB-6301-P-VA(Q) and LB-6301-P-VA(NQ) should each be listed.**

The form numbers have been listed separately and exactly as they were approved.

- b. **The Actuarial Memorandum indicates that riders will be affected by the rate increase. Please include those form numbers (exactly as approved) to the Affected Form Number Column. The Actuarial Memorandum and the Rate Request Summary should also be amended accordingly.**

Riders will not be affected by the rate increase. Only the base rates are affected. Please refer to Section 2 of the Actuarial Memorandum.

- c. **Please change the rate action to "revised". Please include the prior state tracking number of the previously approved rate filing and indicate the requested rate increase to be 50%.**

The rate action has been changed to "revised". The prior state tracking number of the previously approved rate filing has been included.

- d. **The Overall Percentage Indicated Change should reflect what the increase would be needed in order to meet the original pricing loss ratio. Please update accordingly.**

The Overall Percentage Indicated Change has been updated to 275%, which is the increase needed to meet the original pricing loss ratio.

- e. **Since the prior rates have been previously been approved, please move the current rates from the rate attachment to Supporting Documentation. Only those rates subject to approval should be attached on the rate/rule schedule.**

The current rates have been filed under the Supporting Documentation tab.

- f. **According to the Actuarial Memorandum and the Rate/Rule Summary, there was a prior rate increase of 37.47%. It appears this was a paper filing. Please attach a copy of the rate approval provided at that time to Supporting Documentation.**

A copy of the rate approval for submission 7/28344 on May 15, 2008 has been attached.

- g. **The Actuarial Memorandum indicates this rate increase is applicable only to lifetime pay policies only. The rate schedule attachment, however, should include the premium rates for all policies, including limited pay contracts, which are applicable to these policy forms.**

The rate schedule attachment has been revised to include the premium rates for limited pay contracts.

Objection 2: We acknowledge receipt of forms LB-E-BR-VA and LB-E-NF-VA; however, the forms are duplicates of ones previously submitted under SERFF Tracking Number LFCR-130038440. 14 VAC 5-100-40 1 provides that each form submitted must have a number which may consist of digits, letters or a combination of both. The number must distinguish the form from all other forms used by the insurer. We may not consider the same form number under more than one filing. As such, the forms should be withdrawn from this filing and attached as supporting documentation.

Forms LB-E-BR-VA and LB-E-NF-VA have been withdrawn and attached as supporting documentation.

Objection 3: We have the following concerns with the Actuarial Memorandum:

- a. **As set forth in 14 VAC 5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. Please demonstrate compliance with this regulation.**

Please see worksheets 3a.1 and 3a.2 in the attached file *LB-6301 VA Response Attachment (LR)* which use the discount rate of 4.5%, the maximum interest rate for contract reserves.

- 3a.1 -- Nationwide Experience Projection Based on Best Estimate Assumptions
- 3a.2 -- Virginia Experience Projection Based on Best Estimate Assumptions

- b. **According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all pre stability contracts demonstrating these policy forms are compliant with loss ratio standards as set forth in 14VAC5200-150 B which states benefits will be deemed reasonable provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms.**

Please see worksheet 3b.1 in the attached file *LB-6301 VA Response Attachment (LR)* for the experience and projections for all pay types; and worksheet 3b.2 for a demonstration that the policy forms are compliant with loss ratio standards as set forth in 14VAC5200-150B.

- c. **Please provide an exhibit illustrating an actual to expected analysis based on the original assumptions.**

Please see worksheet 3c in the attached file *LB-6301 VA Response Attachment (LR)* for the actual to expected analysis based on original assumptions for lapse and mortality.

- d. **Re-state the nationwide experience using Virginia approved rates.**

Please see worksheet 3d in the attached file *LB-6301 VA Response Attachment (LR)* for the nationwide experience restated using Virginia approved rates.

- e. **Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged since the forms' introduction.**

Please see worksheet 3e in the attached file *LB-6301 VA Response Attachment (LR)* which shows the historical premium component restated using the proposed rates.

- f. **Please provide sufficient detail or documentation so that any projections can be recreated. Please provide excel spreadsheets, if possible.**

Please see attached file *LB-6301 VA Response Attachment (LR)* for the requested Excel spreadsheets.

- g. **Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.**

Please see worksheet 3g in the attached file *LB-6301 VA Response Attachment (LR)* for the rate increase status in other states.

- h. **Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.**

Please see worksheet 3h in the attached file *LB-6301 VA Response Attachment (LR)*.

- i. **Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.**

Please see worksheet 3i in the attached file *LB-6301 VA Response Attachment (LR)*.

- j. **Please provide the original targeted pricing loss ratio when the policy was originally approved; and if applicable, if the current projected loss ratio is less than originally anticipated.**



Please see table below for the original targeted pricing loss ratio for each form. The current projected loss ratio for each form is higher than originally anticipated.

Form	Original Pricing Loss Ratio
LB-6301-P-VA(Q), LB-6301-P-VA(NQ)	69.9%
LB-6302-P-VA(Q), LB-6302-P-VA (NQ)	68.2%
LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	68.5%

k. Please identify the amount of Active Life reserves related to these policies and include the Active Life reserves in the determination of the Future Loss ratio.

Active Life Reserves as of December 31, 2015 = 358,581,647
PV of Future Earned Premiums = 319,939,253 (See Attachment 3a.1)
PV of Future Incurred Claims = 1,064,458,306 (See Attachment 3a.1)
Future Loss Ratio = $(1,064,458,306 - 358,581,647) / 319,939,253 = 221\%$

Objection 4: The Rate Request Summary will be available on the Bureau of Insurance website for consumers. Its purpose is to explain in consumer friendly language what has driven the need for a rate increase request. The narrative as written explains that experience has been unfavorable but it is uncertain a policyholder or consumer would understand why maintaining a reasonable lifetime loss ratio translates to a rate increase. To resolve our concern, the Company should include wording similar how the rate increase is explained in the policyholder notification letter.

The narrative in the Rate Request Summary has been revised to include wording from the policyholder notification letter.

Objection 5: The filing has included three Policyholder notification letters in Supporting Documentation. Pursuant to 14VAC5200-75 D, these letters must be “filed” for approval. For compliance with this regulation, please move the LB-6301 VA Customer Notice CBUL and the LB-6301 VA Customer Notice NF letters to the Form Schedule. Before doing so, however, please review the policyholder letters that are currently under review under SERFF tracking # LFCR130038440. Those letters have already been through a thorough review and are near completion. This could be used to avoid repeating the review process with this filing.

The policyholder notification letters have been revised according to the guidelines provided by the state for filing #LFCR130038440. Please see attached files:

- *LB-6301 VA Customer Notice CBUL & LB-6301 VA Coverage Change CBUL* (for policyholders without nonforfeiture rider)
- *LB-6301 VA Customer Notice NF & LB-6301 VA Coverage Change NF* (for policyholders with nonforfeiture rider)
- Customer Notice SOV (statement of variations for the customer notices and coverage change forms)

Objection 6: Due to the size of the rate increase, is the Company willing to implement this as a series of increases? If the company is agreeable to this, what implementation schedule would be offered? Such a change would require the Actuarial Memorandum be amended, rate schedules provided for each period, and the policyholder letter updated accordingly to accommodate information for each period.



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

While it is our intention to request a lump-sum 50% rate increase, we have accepted offers from other states to phase in rate increases and/or offer a guarantee period. If Virginia would like us to phase in the rate increase and/or offer a guarantee period, please advise us on how the State would like the rate increase to be implemented. We will revise the filing materials accordingly.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a horizontal line extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com



December 1, 2017

Janet Houser
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778152

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated November 15, 2017 for the above referenced filing.

Objection 1: After review of the additional information provided, please respond to the following:

- 1. For purposes of the test required by 14VAC5-200-150.B.:**
 - a. All nationwide projections used in this test should use the premiums restated to the Virginia rate level.**
 - b. The lifetime loss ratio used in the original pricing should be recalculated at the same interest rate used in the testing.**
 - c. The projection after the increase should not include shock lapses or benefit reductions.**
 - d. Please also provide all supporting projections for the numbers used in this demonstration.**

Please see Attachment 1.1 in the attached file *LB-6301 VA Response Attachment (LR) 12 01 17* for a demonstration that the policy forms are compliant with loss ratio standards as set forth in 14VAC5-200-150B.

- Premiums have been restated to the Virginia rate level
- Shock lapses and benefit reductions have been removed from the projection with the increase (see Attachment 1.1a).
- The original pricing lifetime loss ratio was restated as 94% using the same interest rate 4.5% in the testing (see Attachment 1.1b).

- 2. It seems logical that an assumption for shock lapse and benefit reduction related to a rate increase should have a factor recognizing the magnitude of the rate increase. Comparing this assumption in several filings made by the company, it does not appear that the assumptions being used contain any such adjustment. Please explain.**

The shock lapse and benefit reduction assumptions are based on the analysis of the reinsurer's combined experience from the rate increase implementations of similarly underwritten and administered long term care products. We do not have credible data to derive these assumptions for individual plans where increases range from 20% to 50%.

Moreover, we think that rate increases on long-term care policies may induce some policyholders to seek a reduction in benefits or to lapse their policy. Similarly, policyholders who accept the rate increase and remain inforce or retain their full benefits may exhibit some morbidity anti-selection,

understanding that they may need the long-term care benefits in the future. All else equal, additional lapses or benefit reductions on a long-term care block of policies is financially favorable to the company, while anti-selection is unfavorable to the company.

Even without the shock lapse and benefit reduction assumptions, as demonstrated in Attachment 1.1a for Objection 1.1c above, the policy forms are shown to be compliant with loss ratio standards as set forth in 14VAC5-200-150B.

3. Please expand Attachment 3g to include the cumulative approved rate increases in each state including all prior increases, and the inforce premium amount in each state.

Please see Attachment 1.3 in the attached file *LB-6301 VA Response Attachment (LR) 12 01 17* for the cumulative approved rate increases and inforce premium amount in each state.

4. Please provide the actual-to-expected analysis for morbidity incidence and terminations based on the current best estimate assumptions.

The Company's own morbidity experience is not fully credible. We have shown the actual to best estimate incidence rates and length of stay for the combined reinsurer's product experience in Attachments 1.4a and 1.4b respectively.

5. Please confirm that 4.5% is the average valuation interest rate for the inforce policies covered by this filing.

4.5% is the average valuation interest rate for the inforce policies covered by this filing.


Objection 2: According to your response riders will not be affected by the rate increase. Although the rate factors may not be changing, the premium for that rider will increase as a result of the change in the base rate. As a result, each of those rider form numbers should be included in the Affected Form Number column in SERFF. Please update the Rate/Rule Schedule accordingly and indicate which rider form numbers apply to each rider on the rate attachment. The rider form numbers should also be added to the Rate Request Summary.

Rider form numbers have been included in SERFF. The rate schedule has been updated to indicate which rider form numbers apply to each rider. The rider form numbers have been added to the Rate Request Summary.

Objection 3: Since forms may only be approved once, the letters and forms applicable to this filing will be reviewed under SERFF tracking number LFCR-130778344.

The Company acknowledges that the letters and forms applicable to this filing will be reviewed under SERFF tracking number LFCR-130778344.

Sincerely,





LifeCare Assurance Company
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21600 Oxnard Street, Suite 1500
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Woodland Hills, CA 91367
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Xiaoyan.Song@LifeCareAssurance.com

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued Before October 1, 2003
Lifetime Pay Policies Only

Attachment 1.1
Demonstration that Lifetime Incurred Claims with Requested Rate Increases are
Not Less than Lifetime Earned Premium with Prescribed Factors

1 Accumulated value of initial earned premium	699,179,117	×	94%	658,646,782
2a Accumulated value of earned premium	781,721,108			
2b Accumulated value of prior premium rate schedule increases (2a-1)	82,541,991	×	80%	66,033,593
3 Present value of future projected initial earned premium	230,778,973	×	94%	217,400,412
4a Present value of future projected premium	438,826,424			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	208,047,451	×	80%	166,437,960
5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b				1,108,518,747
6a Accumulated value of incurred claims without the inclusion of active life reserves				315,588,116
6b Present value of future projected incurred claims without the inclusion of active life reserves				1,064,458,306
7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b				1,380,046,421
				TRUE

Note: Present and accumulated values in the lifetime projections are determined at the maximum valuation interest rate of 4.5%

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued Before October 1, 2003
Lifetime-Pay Policies Only

Attachment 1.1a
Nationwide Experience Projection Based On Best Estimate Assumptions

	Calendar Year	Before Proposed Increase			After Proposed Increase			at: Year End 2015	4.50% Factor 1.0450
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio		
Historical Experience	1998	468,385	0	0%	468,385	0	0%	17.5	2.1604
	1999	4,486,447	92,404	2%	4,486,447	92,404	2%	16.5	2.0674
	2000	10,423,173	1,477,383	14%	10,423,173	1,477,383	14%	15.5	1.9783
	2001	18,002,509	1,293,352	7%	18,002,509	1,293,352	7%	14.5	1.8932
	2002	27,745,251	2,922,541	11%	27,745,251	2,922,541	11%	13.5	1.8116
	2003	37,950,950	2,602,326	7%	37,950,950	2,602,326	7%	12.5	1.7336
	2004	38,970,796	7,473,645	19%	38,970,796	7,473,645	19%	11.5	1.6590
	2005	37,239,786	7,366,051	20%	37,239,786	7,366,051	20%	10.5	1.5875
	2006	35,860,077	9,799,681	27%	35,860,077	9,799,681	27%	9.5	1.5192
	2007	36,455,122	13,233,685	36%	36,455,122	13,233,685	36%	8.5	1.4537
	2008	35,299,720	16,470,770	47%	35,299,720	16,470,770	47%	7.5	1.3911
	2009	40,992,613	16,287,768	40%	40,992,613	16,287,768	40%	6.5	1.3312
	2010	42,993,172	18,098,269	42%	42,993,172	18,098,269	42%	5.5	1.2739
	2011	41,836,473	26,852,633	64%	41,836,473	26,852,633	64%	4.5	1.2191
	2012	39,095,826	26,849,066	69%	39,095,826	26,849,066	69%	3.5	1.1666
Projected Future Experience	2013	36,826,656	24,122,526	66%	36,826,656	24,122,526	66%	2.5	1.1163
	2014	35,565,106	40,999,510	115%	35,565,106	40,999,510	115%	1.5	1.0683
	2015	34,504,048	38,706,333	112%	34,504,048	38,706,333	112%	0.5	1.0223
	2016	33,664,835	36,682,448	109%	33,664,835	36,682,448	109%	-0.5	0.9782
	2017	32,491,719	40,693,068	125%	32,491,719	40,693,068	125%	-1.5	0.9361
	2018	31,250,392	44,838,426	143%	46,875,588	44,838,426	96%	-2.5	0.8958
	2019	29,939,039	49,081,294	164%	44,908,559	49,081,294	109%	-3.5	0.8572
	2020	28,557,756	53,361,334	187%	42,836,634	53,361,334	125%	-4.5	0.8203
	2021	27,115,159	57,614,008	212%	40,672,739	57,614,008	142%	-5.5	0.7850
	2022	25,624,308	61,778,430	241%	38,436,461	61,778,430	161%	-6.5	0.7512
	2023	24,102,275	65,757,870	273%	36,153,412	65,757,870	182%	-7.5	0.7188
	2024	22,571,596	69,479,063	308%	33,857,394	69,479,063	205%	-8.5	0.6879
	2025	21,047,393	72,927,250	346%	31,571,089	72,927,250	231%	-9.5	0.6583
	2026	19,536,774	76,023,760	389%	29,305,161	76,023,760	259%	-10.5	0.6299
	2027	18,047,077	78,625,443	436%	27,070,615	78,625,443	290%	-11.5	0.6028
	2028	16,585,764	80,644,279	486%	24,878,646	80,644,279	324%	-12.5	0.5768
	2029	15,160,152	82,073,820	541%	22,740,228	82,073,820	361%	-13.5	0.5520
	2030	13,777,638	82,870,211	601%	20,666,457	82,870,211	401%	-14.5	0.5282
	2031	12,445,590	82,949,202	666%	18,668,385	82,949,202	444%	-15.5	0.5055
	2032	11,171,073	82,305,946	737%	16,756,610	82,305,946	491%	-16.5	0.4837
	2033	9,960,566	80,922,015	812%	14,940,849	80,922,015	542%	-17.5	0.4629
	2034	8,820,096	78,793,167	893%	13,230,144	78,793,167	596%	-18.5	0.4429
	2035	7,754,683	76,005,756	980%	11,632,025	76,005,756	653%	-19.5	0.4239
	2036	6,767,987	72,619,913	1073%	10,151,980	72,619,913	715%	-20.5	0.4056
	2037	5,862,429	68,676,185	1171%	8,793,643	68,676,185	781%	-21.5	0.3882
	2038	5,039,281	64,267,283	1275%	7,558,922	64,267,283	850%	-22.5	0.3714
	2039	4,298,327	59,565,153	1386%	6,447,490	59,565,153	924%	-23.5	0.3554
	2040	3,637,768	54,678,270	1503%	5,456,651	54,678,270	1002%	-24.5	0.3401
	2041	3,054,695	49,674,865	1626%	4,582,043	49,674,865	1084%	-25.5	0.3255
	2042	2,545,157	44,674,635	1755%	3,817,736	44,674,635	1170%	-26.5	0.3115
	2043	2,104,238	39,804,120	1892%	3,156,357	39,804,120	1261%	-27.5	0.2981
	2044	1,726,462	35,134,585	2035%	2,589,692	35,134,585	1357%	-28.5	0.2852
	2045	1,405,907	30,748,196	2187%	2,108,861	30,748,196	1458%	-29.5	0.2729
	2046	1,136,457	26,696,064	2349%	1,704,685	26,696,064	1566%	-30.5	0.2612
	2047	912,052	23,009,942	2523%	1,368,078	23,009,942	1682%	-31.5	0.2499
	2048	726,820	19,676,847	2707%	1,090,230	19,676,847	1805%	-32.5	0.2392
	2049	575,211	16,704,044	2904%	862,816	16,704,044	1936%	-33.5	0.2289
	2050	452,152	14,080,792	3114%	678,228	14,080,792	2076%	-34.5	0.2190
	2051	353,045	11,782,827	3337%	529,567	11,782,827	2225%	-35.5	0.2096
	2052	273,854	9,782,472	3572%	410,781	9,782,472	2381%	-36.5	0.2006
	2053	211,035	8,057,337	3818%	316,553	8,057,337	2545%	-37.5	0.1919
	2054	161,586	6,584,334	4075%	242,380	6,584,334	2717%	-38.5	0.1837
	2055	122,889	5,334,795	4341%	184,334	5,334,795	2894%	-39.5	0.1758
Interest	Past	554,716,109	254,647,943	46%	554,716,109	254,647,943	46%		
	Future	450,991,237	2,014,979,452	447%	643,408,578	2,014,979,452	313%		
	Lifetime	1,005,707,345	2,269,627,395	226%	1,198,124,686	2,269,627,395	189%		
Interest	4.50%								
	Past w/ int	781,721,108	315,588,116	40%	781,721,108	315,588,116	40%		
	Future w/ int	313,666,865	1,064,458,306	339%	438,826,424	1,064,458,306	243%		
	Lifetime w/ int	1,095,387,974	1,380,046,421	126%	1,220,547,532	1,380,046,421	113%		

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
All Issue Years
All Pay Types

Attachment 1.1b
Nationwide Experience Projection Using Original Pricing Assumptions

	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	at: Year End 2015	4.50% Factor 1.0450
Historical Experience	1998	1,349,020	8,382	1%	17.5	2.1604
	1999	10,887,923	109,922	1%	16.5	2.0674
	2000	24,773,674	385,003	2%	15.5	1.9783
	2001	41,488,254	970,972	2%	14.5	1.8932
	2002	65,702,166	2,065,187	3%	13.5	1.8116
	2003	85,875,098	3,823,867	4%	12.5	1.7336
	2004	72,606,687	6,185,253	9%	11.5	1.6590
	2005	71,865,748	9,003,458	13%	10.5	1.5875
	2006	69,897,991	11,942,901	17%	9.5	1.5192
	2007	66,824,500	14,751,435	22%	8.5	1.4537
	2008	63,734,015	17,222,520	27%	7.5	1.3911
	2009	58,818,705	19,136,778	33%	6.5	1.3312
	2010	52,147,275	20,922,487	40%	5.5	1.2739
	2011	44,171,867	22,765,739	52%	4.5	1.2191
	2012	34,526,427	24,695,143	72%	3.5	1.1666
Projected Future Experience	2013	24,227,885	26,823,719	111%	2.5	1.1163
	2014	21,498,129	29,183,673	136%	1.5	1.0683
	2015	19,201,180	31,681,118	165%	0.5	1.0223
	2016	17,091,552	34,257,503	200%	-0.5	0.9782
	2017	15,606,391	36,888,455	236%	-1.5	0.9361
	2018	14,158,932	39,550,830	279%	-2.5	0.8958
	2019	12,780,773	42,252,043	331%	-3.5	0.8572
	2020	11,493,042	45,021,983	392%	-4.5	0.8203
	2021	10,298,288	47,855,651	465%	-5.5	0.7850
	2022	9,196,354	50,727,889	552%	-6.5	0.7512
	2023	8,183,425	53,590,096	655%	-7.5	0.7188
	2024	7,255,211	56,397,564	777%	-8.5	0.6879
	2025	6,407,342	59,115,074	923%	-9.5	0.6583
	2026	5,635,638	61,704,150	1095%	-10.5	0.6299
	2027	4,935,811	64,087,648	1298%	-11.5	0.6028
	2028	4,303,657	66,188,016	1538%	-12.5	0.5768
	2029	3,735,035	67,976,849	1820%	-13.5	0.5520
	2030	3,225,912	69,435,197	2152%	-14.5	0.5282
	2031	2,772,283	70,488,324	2543%	-15.5	0.5055
	2032	2,370,150	71,107,382	3000%	-16.5	0.4837
	2033	2,015,582	71,290,615	3537%	-17.5	0.4629
	2034	1,704,693	71,038,050	4167%	-18.5	0.4429
	2035	1,433,893	70,360,192	4907%	-19.5	0.4239
	2036	1,200,701	69,269,379	5769%	-20.5	0.4056
	2037	1,002,462	67,798,278	6763%	-21.5	0.3882
	2038	835,748	65,948,459	7891%	-22.5	0.3714
	2039	698,847	63,784,248	9127%	-23.5	0.3554
	2040	588,515	61,403,303	10434%	-24.5	0.3401
	2041	497,729	58,779,284	11809%	-25.5	0.3255
	2042	420,675	55,881,120	13284%	-26.5	0.3115
	2043	354,304	52,755,598	14890%	-27.5	0.2981
	2044	296,743	49,464,130	16669%	-28.5	0.2852
	2045	246,997	46,076,984	18655%	-29.5	0.2729
	2046	204,313	42,631,742	20866%	-30.5	0.2612
	2047	167,963	39,173,534	23323%	-31.5	0.2499
	2048	137,219	35,748,244	26052%	-32.5	0.2392
	2049	111,391	32,410,855	29096%	-33.5	0.2289
	2050	89,858	29,191,006	32486%	-34.5	0.2190
	2051	72,043	26,095,646	36222%	-35.5	0.2096
	2052	57,425	23,156,556	40325%	-36.5	0.2006
	2053	45,500	20,412,135	44862%	-37.5	0.1919
	2054	35,836	17,867,483	49859%	-38.5	0.1837
	2055	28,063	15,539,449	55374%	-39.5	0.1758
Interest	Past	829,596,546	241,677,556	29%		
	Future	151,696,296	2,022,720,946	1333%		
	Lifetime	981,292,842	2,264,398,502	231%		
	4.50%					
	Past w/ int	1,255,915,624	303,512,887	24%		
	Future w/ int	114,502,009	987,459,830	862%		
	Lifetime w/ int	1,370,417,633	1,290,972,716	94%		

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Lifetime-Pay Policies Only

Attachment 1.3
Rate Increase Status

State	Filing Status	Disposition Date	1st Increase	2nd Increase	Proposed Increase	Approved Increase	Cumulative Increase	2016 Inforce Premium
Alaska	No Filing Required		36%	25%	35%	35%	129%	112,516
Alabama	Approved	2/3/2016	18%	25%	50%	20%	77%	823,357
Arkansas	Disapproved	10/2/2015	23%	0%	50%	0%	23%	229,396
Arizona	Approved	5/26/2017	15%	25%	50%	30%	87%	594,685
California (Pre-7/1/02)	To be filed		41%	15%	50%		62%	2,606,641
California (Post-7/1/02)	To be filed		34%	0%	50%		34%	7,119,170
Colorado	Approved	3/1/2017	39%	25%	35%	35%	134%	726,412
Connecticut	Approved	12/20/2016	0%	0%	50%	26%	26%	122,442
District of Columbia	Not Filed		0%	0%			0%	18,263
Delaware	Approved	4/5/2016	21%	15%	50%	21%	68%	48,409
Florida	Pending		0%	0%	50%		0%	3,077,008
Georgia	Approved	10/22/2015	15%	10%	50%	12%	41%	1,857,386
Hawaii	Pending		26%	33%	35%		68%	552,962
Iowa	Approved	12/22/2015	14%	15%	50%	29%	70%	575,554
Idaho	Approved	1/14/2016	28%	16%	50%	35%	100%	196,870
Illinois	Approved	11/7/2016	38%	25%	35%	35%	132%	1,167,044
Indiana	Disapproved	12/7/2015	15%	0%	50%	0%	15%	449,918
Kansas	Approved	10/16/2015	40%	10%	50%	50%	131%	1,978,520
Kentucky	Approved	8/12/2015	32%	25%	35%	15%	90%	280,390
Louisiana	Approved	11/4/2015	35%	25%	35%	25%	112%	932,564
Massachusetts	Approved	9/7/2017	42%	0%	50%	30%	85%	729,836
Maryland	Approved	4/5/2016	15%	15%	50%	15%	52%	888,185
Maine	To be filed		40%	12%	50%		56%	14,532
Michigan	Approved	7/7/2015	36%	25%	35%	35%	130%	905,378
Minnesota	Approved	3/11/2016	28%	0%	50%	52%	95%	474,216
Missouri	Approved	6/11/2015	38%	25%	35%	35%	133%	1,026,605
Mississippi	Approved	8/31/2015	21%	25%	50%	25%	89%	260,150
Montana	Approved	9/30/2015	35%	25%	35%	4%	76%	119,348
North Carolina (Pre-2/1/03)	Approved	7/15/2015	27%	25%	35%	36%	115%	545,513
North Carolina (Post-2/1/03)	Not Filed		27%	0%			27%	109,352
North Dakota	Approved	7/30/2015	19%	15%	50%	15%	58%	171,890
Nebraska	Approved	3/23/2016	38%	10%	50%	50%	127%	853,112
New Hampshire	Approved	2/10/2017	39%	0%	50%	25%	74%	87,551
New Jersey	Approved	4/21/2017	10%	25%	50%	26%	73%	559,932
New Mexico	Disapproved	12/22/2015	36%	0%	50%	0%	36%	98,100
Nevada	Approved	5/9/2017	0%	15%	50%	50%	73%	138,397
Ohio	Approved	11/29/2016	37%	15%	50%	15%	81%	849,517
Oklahoma (Pre-11/1/01)	Approved	2/1/2016	15%	15%	50%	10%	45%	81,853
Oklahoma (Post-11/1/01)	Approved	2/1/2016	0%	15%	50%	10%	27%	75,687
Oregon	Approved	3/28/2016	19%	21%	50%	50%	116%	1,597,851
Pennsylvania	Approved	12/6/2016	22%	25%	50%	20%	83%	2,346,868
Rhode Island	Pending		39%	19%	35%		65%	194,712
South Carolina	Approved	2/29/2016	33%	16%	50%	20%	84%	332,857
South Dakota	Approved	9/22/2015	35%	25%	35%	35%	128%	237,816
Tennessee	Approved	8/24/2015	36%	25%	35%	35%	130%	1,044,592
Texas (Pre-7/1/02)	Approved	11/28/2016	17%	16%	50%	50%	103%	1,185,128
Texas (Post-7/1/02)	Pending		0%	0%	50%		0%	702,340
Utah	Approved	3/17/2017	24%	0%	50%	50%	86%	157,092
Virginia (Pre-10/1/03)	Pending		37%	0%	50%		37%	1,556,020
Virginia (Post-10/1/03)	Pending		0%	25%	50%		25%	114,930
Vermont	Disapproved	8/10/2015	0%	0%	50%	0%	0%	15,374
Washington	Approved	9/30/2015	29%	25%	35%	35%	117%	1,174,457
Wisconsin	Approved	1/30/2017	19%	18%	50%	50%	110%	514,112
West Virginia	Approved	3/13/2017	30%	15%	50%	38%	107%	50,384
Wyoming	Approved	8/5/2015	27%	25%	35%	35%	115%	34,165

**Lincoln Benefit Life Company
Combined Reinsurer Product Experience**

**Attachment 1.4a
Incidence Rates Per 100**

Age	Exposure	Claim Count	Expected Claim Count	Actual / Best Estimate
40-49	159,212	45	41	109%
50-59	747,178	390	477	82%
60-69	1,303,090	1,807	3,085	59%
70-79	738,130	5,745	8,290	69%
80-89	156,694	6,362	6,331	100%
90-100	6,954	881	667	132%

**Lincoln Benefit Life Company
Combined Reinsurer Product Experience**

**Attachment 1.4b
Actual to Expected Claim Termination**

Duration	Claim Exposure*	Actual	Best Estimate	Actual to Best Estimate
1st quarter	1,330	416	389	1.07
2nd quarter	3,047	557	429	1.30
3rd quarter	2,511	234	264	0.88
4th quarter	2,212	182	160	1.14
2	7,605	1,748	1952	0.90
3	5,093	1,211	1360	0.89
4	3,419	1,082	1211	0.89
5	2,039	518	561	0.92
6	1,307	311	352	0.88
7	845	193	244	0.79
8	555	123	160	0.77
9	360	76	143	0.53
10	233	56	165	0.34
11	144	31	124	0.25
12	88	22	84	0.26
13	49	7	46	0.15
14	30	15	28	0.54
15	21	11	20	0.56
16	11	5	11	0.46
17	8	5	8	0.60
Total	30,905	6,802	7,710	0.88

*Exposure not counted when a claim in elimination period



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

January 18, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778152

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated January 17, 2019 for the above referenced filing.

Objection 1:

Please verify if it is the company's intention that if the experience develops as projected that no further rate increases will be requested? If not, what loss ratio does the company intend to target for these forms in the future?

No, it is not the company's intention. Further rate increases may be requested in order to bring the lifetime loss ratio down to the range of 80-85%, which the company intends to target for these forms in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a horizontal line extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

Lincoln Benefit Life Company
Rate Increase Filing Information
Policy Form: LB-6301-P, LB-6302-P, LB-6303-P

State	Abbreviation	1st Increase			2nd Increase			3rd Increase				Cumulative Increase					
		Effective Date	Average Effective 1st Increase ¹	2007 Annual Premium	Effective Date	Average Effective 2nd Increase	2010 Annual Premium	Initial Filing			Refilling*						
								Approval Date	Effective Date	Average Effective 3rd Increase	2015 Annual Premium		Filing Status	Date Requested	Proposed Increase	Approval Date	Approved Increase
Alaska	AK	1/1/2008	36%	325,098	1/28/2011	25%	277,619	N/A	12/18/2015	35%	192,645	N/A					129.37%
Alabama	AL	3/7/2008	18%	2,010,865	1/28/2011	25%	1,761,364	2/3/2016	5/20/2016	20%	1,098,265	Pending	8/13/2018	30%			77.38%
Arkansas	AR	11/14/2008	23%	641,753	N/A	0%	595,791	N/A	N/A	0%	351,708	Approved	7/11/2018	50%	9/18/2018	25%	54.12%
Arizona	AZ	5/9/2008	15%	2,118,431	11/25/2011	25%	1,921,286	5/26/2017	8/18/2017	30%	1,023,244	Pending	12/21/2018	20%			87.43%
California (LR)	CA	7/4/2008	41%	6,073,382	7/15/2016	15%	4,492,823	N/A	N/A	0%	2,556,992	N/A					61.89%
California (RS)	CA	1/29/2010	34%	13,568,420	N/A	0%	15,145,063	N/A	N/A	0%	7,252,802	N/A					34.40%
Colorado	CO	1/1/2008	39%	2,903,356	6/17/2011	25%	2,764,558	3/1/2017	5/26/2017	35% ⁶	1,388,388	N/A					134.33%
Connecticut	CT	N/A	0%	464,461	N/A	0%	405,985	12/20/2016	3/24/2017	26% ⁷	243,933	N/A					26.00%
District of Columbia	DC	N/A	0%	170,184	N/A	0%	145,035	N/A	N/A	0%	30,607	N/A					0.00%
Delaware	DE	4/17/2009	21%	99,385	7/15/2011	15%	87,398	4/5/2016	7/15/2016	21%	84,943	Approved	12/12/2018	29%	3/18/2019	29%	116.32%
Florida	FL	N/A	0%	8,506,320	N/A	0%	6,896,646	10/29/2018	TBD	82% ¹⁹	4,253,765	N/A					82.00%
Georgia	GA	1/1/2008	15%	4,653,562	3/18/2011	10%	4,350,242	10/22/2015	1/29/2016	12%	2,626,738	Approved	7/30/2018	15%	10/30/2018	15%	62.47%
Hawaii	HI	7/25/2008	26%	1,586,611	12/30/2011	33%	1,426,566	N/A	N/A	0%	1,024,725	N/A					67.54%
Iowa	IA	7/25/2008	14%	1,836,000	6/17/2011	15%	1,662,036	12/22/2015	4/22/2016	29% ⁸	970,873	Approved	8/28/2018	20%	12/3/2018	18%	100.21%
Idaho	ID	1/25/2008	28%	396,114	10/7/2011	16%	355,408	1/14/2016	4/15/2016	35%	276,257	Pending	12/20/2018	15%			99.70%
Illinois	IL	8/1/2008	38%	4,350,455	9/17/2010	25%	4,186,853	11/7/2016	1/27/2017	35%	1,894,642	N/A					132.49%
Indiana	IN	9/5/2008	15%	1,155,956	N/A	0%	1,022,877	N/A	N/A	0%	630,518	Approved	12/28/2018	50%	3/6/2019	20%	38.25%
Kansas	KS	1/4/2008	40%	8,477,113	3/18/2011	10%	7,396,606	10/16/2015	1/22/2016	50%	2,526,724	N/A					131.33%
Kentucky	KY	1/1/2008	32%	1,016,882	8/5/2011	25%	909,092	8/12/2015	11/6/2015	15%	478,707	Approved	8/14/2018	20%	11/7/2018	20%	128.31%
Louisiana	LA	1/1/2008	35%	2,254,403	3/18/2011	25%	1,992,535	11/4/2015	2/5/2016	25%	1,148,054	Approved	8/10/2018	10%	2/1/2019	10%	132.75%
Massachusetts	MA	11/7/2008	42%	2,125,963	N/A	0%	2,175,323	9/7/2017	1/7/2018	30% ⁹	1,117,036	N/A					84.57%
Maryland	MD	1/1/2008	15%	2,084,227	1/7/2011	15%	1,894,096	4/5/2016	7/15/2016	15%	1,077,310	Approved	8/10/2018	35%	12/6/2018	10%	66.73%
Maine	ME	1/1/2008	40%	166,425	12/16/2011	12%	143,880	2/2/2018	6/3/2018	44% ¹⁰	69,951	N/A					124.99%
Michigan	MI	1/1/2008	36%	2,976,220	1/28/2011	25%	2,374,919	7/7/2015	10/16/2015	35%	1,373,551	N/A					129.79%
Minnesota	MN	5/16/2008	28%	1,967,548	N/A	0%	1,817,067	3/11/2016	7/1/2016	52% ¹¹	619,686	N/A					95.27%
Missouri	MO	7/18/2008	38%	4,508,432	1/28/2011	25%	4,041,834	6/11/2015	9/25/2015	35%	1,481,704	N/A					133.43%
Mississippi	MS	1/1/2008	21%	1,082,621	4/15/2011	25%	964,699	8/31/2015	1/8/2016	22% ¹²	462,448	Pending	8/31/2018	25%			84.18%
Montana	MT	3/7/2008	35%	202,110	3/18/2011	25%	214,226	9/30/2015	12/25/2015	4% ¹³	166,008	Approved	12/18/2018	30%	1/30/2019	7.05%	88.23%
North Carolina (LR)	NC	7/11/2008	27%	1,304,366	7/8/2011	25%	1,291,989	7/15/2015	10/30/2015	36% ¹⁴	887,476	N/A					115.46%
North Carolina (RS)	NC	7/11/2008	27%	319,751	N/A	0%	304,278	N/A	N/A	0%	183,426	N/A					26.74%
North Dakota	ND	1/1/2008	19%	307,008	5/27/2011	15%	302,032	7/30/2015	11/6/2015	15%	212,841	Approved	8/31/2018	35%	10/23/2018	20%	89.43%
Nebraska	NE	1/1/2008	38%	2,735,574	11/25/2011	10%	2,416,340	3/23/2016	6/17/2016	50%	1,204,598	N/A					127.16%
New Hampshire	NH	1/1/2008	39%	187,247	N/A	0%	169,383	2/10/2017	5/26/2017	25% ¹⁵	122,287	Withdrawn	12/10/2018	25%	1/9/2019	0%	74.17%
New Jersey	NJ	7/11/2008	10%	1,286,614	12/23/2011	25%	1,281,833	4/21/2017	7/21/2017	26% ¹⁶	1,013,650	N/A					73.25%
New Mexico	NM	1/25/2008	36%	373,730	N/A	0%	330,870	N/A	N/A	0%	185,451	Approved	7/26/2018	50%	8/9/2018	15%	55.87%
Nevada	NV	N/A	0%	553,393	6/29/2012	15%	466,464	5/9/2017	8/11/2017	50% ¹⁷	233,267	N/A					72.50%
Ohio	OH	1/1/2008	37%	3,224,234	5/27/2011	15%	2,909,469	11/29/2016	2/24/2017	15%	1,488,768	Approved	8/24/2018	15%	12/3/2018	15%	107.68%
Oklahoma (LR)	OK	9/4/2009	15%	503,524	1/27/2012	15%	413,169	2/1/2016	5/6/2016	10%	210,028	Approved	12/7/2018	40%	2/15/2019	15%	67.30%
Oklahoma (RS)	OK	N/A	0%	311,651	1/27/2012	15%	287,318	2/1/2016	5/6/2016	10%	108,903	Approved	12/7/2018	40%	2/15/2019	15%	45.48%
Oregon	OR	1/1/2008	19%	2,534,326	1/1/2010	21% ³	2,584,566	3/28/2016	7/1/2016	50%	1,843,049	N/A					116.34%
Pennsylvania	PA	3/7/2008	22%	3,251,406	5/27/2011	25% ⁴	3,326,422	12/6/2016	3/3/2017	20%	2,697,960	Approved	8/30/2018	20%	12/7/2018	20%	120.14%
Rhode Island	RI	1/25/2008	39%	998,788	8/12/2011	19%	943,811	N/A	N/A	0%	500,729	N/A					65.29%
South Carolina	SC	1/1/2008	33%	999,340	7/15/2011	16%	967,045	2/29/2016	5/27/2016	20%	615,044	Pending	8/13/2018	30%			84.02%
South Dakota	SD	1/1/2008	35%	515,720	1/28/2011	25%	543,086	9/22/2015	12/11/2015	35%	326,149	N/A					128.42%
Tennessee	TN	1/1/2008	36%	1,998,661	8/5/2011	25%	1,883,197	8/24/2015	11/13/2015	35%	1,521,052	N/A					129.71%
Texas (LR)	TX	7/11/2008	17%	1,995,271	9/9/2011	16%	1,410,099	11/28/2016	2/24/2017	50%	1,223,217	N/A					102.68%
Texas (RS)	TX	N/A	0%	4,344,304	N/A	0%	4,140,513	N/A	N/A	0%	1,576,222	Pending	1/3/2019				0.00%
Utah	UT	2/18/2011	24%	472,786	N/A	0%	402,462	3/17/2017	6/9/2017	50%	280,698	N/A					85.76%
Virginia (LR)	VA	9/19/2008	37%	2,851,675	N/A	0%	3,074,894	N/A	N/A	0%	1,574,634	N/A					37.46%
Virginia (RS)	VA	N/A	0%	1,568,943	5/25/2012	25%	1,462,053	N/A	N/A	0%	681,195	N/A					25.00%
Vermont	VT	N/A	0%	63,128	N/A	0%	60,371	N/A	N/A	0%	18,506	Pending	7/19/2018	50%			0.00%
Washington	WA	1/1/2008	29%	2,786,103	3/18/2011	25%	2,630,162	9/30/2015	12/25/2015	35%	1,544,453	N/A					116.84%
Wisconsin	WI	5/9/2008	19%	1,971,305	9/16/2011	18%	1,824,746	1/30/2017	5/19/2017	50% ¹⁸	834,443	N/A					109.63%
West Virginia	WV	1/1/2008	30%	151,558	3/18/2011	15%	126,293	3/13/2017	6/9/2017	38% ⁵	84,101	N/A					106.50%
Wyoming	WY	1/1/2008	27%	198,468	1/28/2011	25%	172,468	8/5/2015	11/6/2015	35%	107,292	N/A					114.51%
Nationwide																86.15%	

*Reifling: For states with partial approvals, we request the remaining balance of the initially proposed rate increase request

¹The increase requested was the minimum of 55% or the NAIC trigger percentage. 35% is the effective average requested.

²No increase was filed on policies issued after Rate Stability Date

³Oregon approved two increases of 10% each

⁴Approved as two increases of 11.8%

⁵To be Implemented over two years as two 17.5% increases

⁶To be implemented in 3 years at 11.7%, 10.5% and 9.5%

⁷Approved as three increases of 8% per year

⁸To be implemented in two years at 17% and 10.26%

⁹To be implemented in 3 years at 10%, 9% and 8.5%

¹⁰To be implemented in 2 years at 15% and 25%

¹¹To be implemented over three years as three 15% increases

¹²Approved as 15% for policies without COLA, 20% for policies with Simple COLA and 25% for policies with Compound COLA

¹³4.2% approved for Comprehensive Policies, 2.1% for HCBC Policies, 0% for Nursing Only



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April 2, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778152

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated April 2, 2019 for the above referenced filing.

Objection 1:

Please provide an updated cumulative approved rate increases in each state.

An updated cumulative approved rate increases in each state is now provided. Please refer to the attached file: *LB-6301 Rate Increase History as of 04 02 19*.

Objection 2:

What would the nationwide cumulative rate increase be if all outstanding rate increase were approved?

The nationwide cumulative rate increase would be 104% assuming all outstanding rate increases were approved as requested.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
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Woodland Hills, CA 91367
800-366-5463 ext. 2232
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July 24, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778152

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated July 11, 2019 for the above referenced filing.

Objection 1

The Bureau has a concern that the requested rate increase would put Virginia notably above the national cumulative average. Our perception is that to approve your requested increase could potentially put an undue premium burden on Virginia policyholders when compared with other states. With this consideration, we ask that you consider revising your request to 35%.

As a separate point, please be aware that we also have the ability to approve implementation of a rate increase over two or three years if requested.

The Company accepts the Bureau's counteroffer of a 35% rate increase. Please see attached file *LB-6301 VA Proposed Rates (LR)* for the proposed rates after 35% increase.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a stylized flourish at the end.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
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January 27, 2020

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778152

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated January 21, 2020 for the above referenced filing.

Objection 1

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

The current national cumulative average increase is 92.73%. If all outstanding rate increase requests were approved for the full amount, the cumulative average increase increases to 94.62%.

Sincerely,

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